

12000068792

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

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2020 MAY 22 AM 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DUNES CONTRACTING LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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MAY 26 2020

Electronic Filing Menu

Corporate Filing Menu

Help

From:

05/20/2020 15:40 #217 P.002/006

COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** DUNES CONTRACTING LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th Fl

Address

Glendale, CA 91203

City/State and Zip Code

Cericinfla@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley 800 773-0888
Name of Person at (Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

| | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|---|---|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**STREET/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

From:

06/20/2020 16:41 #217 P.003/005

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DUNES CONTRACTING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/02/2020 and assigned Florida document number L200X0068792.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

*(Principal office address **MUST BE A STREET ADDRESS**)*

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2020 MAY 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
~~the name of the~~ D

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

From:

05/20/2020 15:41 #217 P.004/005

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---|----------------|--|
| AMBR | Courad E Moulton | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | 2249 SW 15th Ct. Fort Lauderdale, FL 33312 | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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From:

05/20/2020 16:41 #217 P.005/006

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated April 29, 2020.

Conrad E. Montezuma
Signature of a member or authorized representative of

Signature of a member or authorized representative of a member

Conrad E Moulton

Typed or printed name of signee