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(Requestor's Name)	
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COVER LETTER

SUBJECT:	Talquin Con Name of Lim	nstruction Lited Liability Company	L C
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Name of Limited Liability Company soclosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Richard Donovan Name of Person Talquin Construction LLC Firm/Company 13686 N Meridian Rd Address Tallahassee, FL 32312 City/State and Zip Code don mar bo ats Dembarg mail. Com E-mail address: (to be used for future annual report notification) rther information concerning this matter, please call: 1 Chard Donovan Name of Person Area Code Daytine Telephone Number		
		,	<u>C</u>
	13686 N	meridian Rd	
		City/State and Zip Code	rail, com
For further information			
	Danavan e of Person	at (850) 545 Area Code Daytime	2614 e Telephone Number
Enclosed is a check for	r the following amount:		
\$25.00 Filing Fee		Certified Copy	S60.00 Filing Fee Certificate of States & i Certified Copy (additional copy is costosed)
			√. No
•	n Section Corporations	Registration Sec Division of Cor	
P.O. Box 6	•	The Centre of T	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Talquin Constru	
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 00000 74568</u> .	were filed on 4/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	(h)
	Enter Florida street address
	Enter Florida street address Florida Florida City Zia Code
New Registered Agent's Signature, if changing Registered Agent:	
ten Registred Agent 5 Signature, it thanging Registred 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 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>	Address 2320	Type of Action
AMBR	Seth Donovan	Kara Drive	🗆 Add
		Tallahassee, FL 32303	ZRemove
			□Change
AMBR	Sydney Donovan	3107 Hawts Landing	dr DAGG
		3107 Hawts Landing Tallahansee, FC 3230	9 Remove
			□Change
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Effective date, if oth If an effective date is listed	ier than the date o ed, the date must b e spe	of filing: cific and cannot be pri	or to date of filing or n	ore than 90 days a	itional) fter filing. Pursu	ant to 605.0207
Note: If the date inse document's effective	rted in this block do	es not meet the app	licable statutory filir	ng requirements,	this date will no	ot be listed as
document's effective	date on the Departin	ent of State's record	15.			
e record specifies a de rd is filed.	layed effective date,	but not an effective	time, at 12:01 a.m.	on the earlier of:	(b) The 90th	day after the
Dated Mary	v 12+x	7.Ø2 `	\			
Dated	A *1		•			
	hehand D	ongra				
	Signatu	ire of a member or an	thorized representative	of a member		

Typed or printed name of signee