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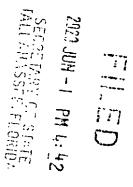
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Dave Sumpter Contracting, LLC SUBJECT: 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: Dave Sumpter Name of Person Dave Sumpter Contracting, LLC Firm/Company 800 15th Street Lot 120 Address Mexico Beach, FL. 32456 City/State and Zip Code davidsumpter7@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kat Copeland Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dave Sumpter Contracting, LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number 1.20000127624	mpany were filed on 05.11.2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address here:	office address on our records, enter th	ACCOUNT TO SECURITY OF THE PROPERTY OF THE PRO
Name of New Registered Agent:		3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3
		<u> </u>
New Registered Office Address:	Enter Florida street address	
	Flor	
	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

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	Type of Action
MGR	Susan Sumpter	800 15th Street	□Add
		Lot 120	■Remove
		Mexico Beach, FL. 32456	□Change
Owner	David Sumpter	800 15th Street	■Add
Owner/ NGL		Lot 120	□Remove
		Mexico Beach, FL. 32456	□Change
			□Add
			□Remove
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Effective date, if other than the lan effective date is listed, the date muse. If the date inserted in this blocument's effective date on the D	st be specific and cannot be prior ock does not meet the applic	to date of filing or more than 90 able statutory filing requirer	
record specifies a delayed effective d is filed.	e date, but not an effective ti	me, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
Dated May 29th	. 2020	<u> </u>	
+			
	Signature of a member or author	orized representative of a memb	et