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(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: TO	Name of Limi	<u>d</u> Constructi	on LLC
The enclosed Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Donnie	e E Allen Jo	<u>``</u>
	mendment and fee(s) are submitted for filing. thence concerning this matter to the following: Donnie E Allen Jr. Name of Person Totally Screwed Construction LLC Firm/Company 4600 Mobile Hwy Swite#9 Address Pen Sacola Fl 32506 City/State and Zip Code totally Screwed Construction IIC (Agnoil . Con E-mail address: (to be used for future annual report notification) meerning this matter, please call: Lorris at (850) 257-4830 Area Code Daytime Telephone Number		
	4600 mob	ile Hwy Suit	e#9
	Pen Sacol	a FI 32506	2
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notif	ication)
For further information cor	ocerning this matter, please ca	iH:	
Tricia L. M	orris	at (850) 257 - 4	1830
Name of I	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address:		Street Address:	vtion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Totalle	Screwed Construction LLC Name of the Limited Liability Company as it now appears on our records.)
	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 May 15 2020 and assigned Florida document number __ 2000133513_.

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	70 00 T-17
	<u> </u>
Enter new mailing address, if applicable:	23
(Mailing address MAY BE A POST OFFICE BOX)	
(Bruning dualess SIAT BL ATOST OFFICE BOX)	
	<u>;, </u>
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new regi
Name of New Registered Agent: Donnie FAI	len Jr.
New Registered Office Address:	
New Negistered Office Address.	
	nter Florida street address
	nter Florida street address , Florida

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 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 to 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.

I Changing Registered Agent, Signature of New Desistered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
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record l is file	specifies a del ed.	ayed effectiv	re date, but	not an effe	ective time,	at 12:01 a.n	n, on the car	lier of: (b) The 9	00th day after t
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