L20000/66594

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



500347208005

06/30/20--01036--003 **25.00

O S'' 'V O'' '3

COVER LETTER

TO:

TO: Registration Division of C						
H.S.T. C	onstruction, L.L.C.					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	Harry Stanton Taff					
		Name of Person				
	H.S.T. Construction, L.L.C	••				
		Firm/Company				
	25 Tharpe Lane					
		Address				
	Crawfordville, FL 32327					
		City/State and Zip Code				
	square.cut.construction@gr	nail.com to be used for future annual report not	(Houthan)			
For further informatio	n concerning this matter, please c		inication)			
Harry S Taff		850 567-0341				
Nam	ie of Person	Area Code Daytii	ne Telephone Number			
Enclosed is a check for	or the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section		Street Address:	ection			
•	on Section f Corporations		Registration Section Division of Corporations			
P.O. Box (6327	The Centre of	Tallahassee			
Tallahasse	e, FL 32314	2415 N. Monr	oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

H.S.T. Construction, L.L.C.

2328 JULI 30 ALL 7: 52

The Articles of Organization for this Limited Liability Company were filed on 6/16/2020 and assigned

Florida document number L.20000166594

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 "L.C." 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 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cirr

Enter Florida street address

_____, Florida ____

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 2026 July 30 All 7:	52 Type of Action
MGR	Taff, Harry S	25 Tharpe Lane, Crawfordville, FL 32327	🗆 Add
			□Remove
		Correct spelling of name.	= Change
			□ Add
			□Remove
			🗆 Add
			□Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□ Add
			Remove
			□Change

			2923 # 1: 36 Air 7: 52				
_						2 hit 7:52	
-							
						•	
-							
_							
-		-				•	
_					<u> </u>		
-							
-		- · · · · · · · · · · · · · · · · · · ·					
							
•							
							
		-					
			·	_		 	
Effect	tive date, if other	r than the date of fi the date must be specific	ling:			(optional)	
If an et	flective date is listed.	the date must be specific	and cannot be price	or to date of filing	or more than 90 day	's after filing.) Pursuan	1 to 605.0207 (
Note:	If the date inserte	ed in this block does note on the Department	of meet the appl	icable statutory f	iling requiremen	ts, this date will not	be listed as t
docui	ment's effective da	te on the Department	or state s record				
		ved effective date, but	not an effective	time, at 12:01 a	.m. on the earlier	of: (b) The 90th d	ay after the
rd is f	filed.						
	lunu 70		2020				
Dated	June 30 d			·			
	· //		-				
		2/1/1				<u>-</u>	
	19	Signature (of a member or aut	thorized represent	itive of a member		
	/						

Filing Fee: \$25.00

Typed or printed name of signee