AZO 000167881

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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TO:

Tallahassee, FL 32314

TO:	Registration Sect Division of Corpo			
SUBJE	ст: <u>Res</u>	Mame of Limit	Design LLC ed Liability Company	
The end	closed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please	return all correspond	dence concerning this matter to	o the following:	
		Torb	Name of Person	for filing. following: Abbott Name of Person Civil Design LLC Firm/Company Ytine Tervace Address Address Address Address Address Address Aca Code Daytime Telephone Number S55.00 Filing Fee & Certificat Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations
		Resilie		nllC
		1510 Tra	<u> </u>	<u>`e</u>
		San	16rd FL 32771 City/State and Zip Code 1660tt @ 0 Mail.	COM
For fur	ther information cor	E-mail address: (to	9 ,	cation)
	Torben Name of F	Abbott		1248 Telephone Number
Enclose	ed is a check for the	following amount:		
X \$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy
	Mailing Address: Registration Se Division of Co P.O. Box 6327	ection rporations	Registration Sect	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Name of the Limited Liability C (A Florida Lia	Civil Desiciv LLC Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability ComFlorida document number <u>L2000 \ 6788 \ .</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	npany were filed on June 17, 2020 and assigned
, and the second	Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (<u>Principal office address MUST BE A STREET ADDRES</u>	Sanford, FL 32771
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1510 Travertine Terrace. Sanford, FL 3277/
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
Name of New Registered Agent:	ben Abbott
New Registered Office Address: 1510	Travertine Terrace Enter Florida street address
	anford . Florida 32771 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.

> Torbu allo 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
MOR	Johna Ledyaev	1005 Lakeshore Dr.	□Add
		Polk City, FL 33868	ŪRemove
			□Change
MGR	Torben Abbott	1510 Travertine Terrace	DZÁdd
		Sanford, FL 32771	□Remove
			□Change
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record s	specifies a delayed effec i.	tive date, but n	iot an effective	time, at 12:01 a.n	n, on the earlier of:	(b) The 90th day	after the
ated	August 9 Terlue		. <u>2020</u>	<u>.</u>			
	Torlere	Signature of	a member or aut	horized representati	ve of a member		_
				nted name of signee			