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10/04/20

COVER LETTER

TO:

Registration Section

Division of C	or por actoris					
Lisenby C	Contractors, LLC.					
SUBJECT:	Name of Lim	aited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	pondence concerning this matter	to the following:				
	Carl Lisenby					
		Name of Person		→		
	Lisenby Contractors, LLC			2020 SEP		
		Firm/Company	ri S			
	1505 Ora Dr.		, in % e.c.			
		Address	ूर् जा			
	Pensacola, Fl. 32506			PH 3: 16		
		City/State and Zip Code	٠	>		
	elisenby@cox.net					
	E-mail address: (to be used for future annual report no	tification)			
For further information	concerning this matter, please c	all:				
Carl Lisenby		850 982-8440				
Name	of Person	Area Code Dayti	me Telephone Number	r		
Enclosed is a check for	the following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Certified	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration S Division of Co The Centre of 2415 N. Monn Tallahassee, F	orporations Tallahassee oe Street, Suite 8	310		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lisenby Contractors, LLC.		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our red Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company	were filed on 6/22/2020	and assigned
lorida document number L20000173610		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "	LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		NO SE
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		25
Inter new mailing address, if applicable:		CARL OF LITT
Mailing address MAY BE A POST OFFICE BOX)		H X CO
		321
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new regist
Name of New Registered Agent:		
Name Designated COC at Address		
New Registered Office Address:	Enter Florida street ad	dress
		Florida
	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 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>	<u>Address</u>	Type of Action
MGR	Carl Lisenby	1505 Ora Dr., Pensacola, Fl. 32506	
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			□Add
			□Remove
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ective date, if other than the date of filing:			(optional)		
effective date is listed, the date must be specific and cannot be pri te: If the date inserted in this block does not meet the appl	rior to date o	of filing or mo	re than 90 days	after filing.)	Pursuan	t to 605.0 he lister
nument's effective date on the Department of State's record		idiory ining	requirement	i, this date v	*111 1100	oc nace
cord specifies a delayed effective date, but not an effective s filed.	e time, at	12:01 a.m. o	n the earlier (of: (b) The	: 90th d	ay after t
September 4 2020	·					
Signature of member or au						
Signature of a member or au	uthorized re	presentative (of a member			

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