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## **COVER LETTER**

	Registration Se Division of Co			
C1:D 117		icting, LLC		
SUBJEC	,1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Ronald Vincent Cox		
			Name of Person	<del></del>
		Cox Contracting, LLC		
			Firm/Company	
		2240 Merion Dr. APT #20	3	
			Address	
	•	Melbourne, Florida 32935		
			City/State and Zip Code	<del></del>
		Ron.cox17@gmail.com		
For furth	er information c	h-mail address: ( concerning this matter, please co	to be used for future annual report notification	1)
	Vincent Cox		972 522-9601	
	Name (	of Person	at () Area Code	phone Number
Enclosed	l is a check for t	he following amount:		
<b>■</b> \$25.	00 Filing Fee	El \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & I Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:  Davigteration Saution	
	Registration Division of C		Registration Section Division of Corporat	ions
	P.O. Box 632	27	The Centre of Tallah	assee
	Tallahassee,	FL 32314	2415 N. Monroe Stre	eet, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cox Contracting, LLC

Light Ru Burge

If Changing Registered Agent, Signature of New Registered Agent

(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 Compa	any were filed on $\frac{7/14/2020}{1}$	and assigned
The Articles of Organization for this Limited Liability Company were filed on 2/14/2020 and assigned Florida document number L20000203596  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 "LLC" or the abbreviation "LLC."  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 register agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address		
amending name, enter the new name of the limited liability company here:  ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  r new principal offices address, if applicable:  cipal office address MUST BE A STREET ADDRESS)  r new mailing address, if applicable:  ling address MAY BE A POST OFFICE BOX)  amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Ling City  Zip Code		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	<del></del>	15011414
Enter new mailing address if applicables		
•."		
Manual address MAT BE A FOST OFFICE BOA	-	
Name of New Registered Agent:	ce address on our records	s, enter the name of the new registered
New Registered Office Address:	Enter Florida stre	et address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>ent:</u>	
l hereby accept the appointment as registered agent and oppositions of all statutes relative to the proper and complacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	lete performance of my di as provided for in Chapte	ities, and I am familiar with and or 605, F.S. Or, if this document is

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 25 1. 6: 64	Type of Action
CEO	Ronald Vincent Cox	2240 Merion Dr. #203 Melbourne, FL 32935	□Add
			≣Remove
			<b>≘</b> Change
MGR	Ronald Vincent Cox	2240 Merion Dr. #203 Melbourne, Fl. 32935	<b>=</b> Add
			□Remove
			□Change
		<del></del>	□Add
	•		□Remove
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e of filing or m	iore than			
12:01 a.m.	on the c	earlier of: (b)	The 90th day	after the
				_
1	e of filing or m tatutory filin t 12:01 a.m.	tatutory filing requi	of filing or more than 90 days after tatutory filing requirements, this	of filing or more than 90 days after filing.) Pursuant to tatutory filing requirements, this date will not be selected at the

Typed or printed name of signee