LZI 0000222253

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(Address)	20035978
(Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	62/18/21 010
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, COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Dave Hacket	+ Contracting LLC mited Liability Company
Name of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	bmitted for filing.
Please return all correspondence concerning this matter	
Dave	Hackett Name of Person
Dave Hac	CKett Contracting LLC
	Address N. E.
Lutz	FL 33549
hack 71	FL 33549 City/State and Zip Code 14 @ ao . co m (to be used for future annual report notification)
For further information concerning this matter, please of	
Dave Hackett Name of Person	at (813) 918-9602 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
X \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:	<u>Street Address:</u>
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

, ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dave Hackett Contracting LLC (Namle of the Limited Liability Company as it now appears on our resords.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on \overline{Jon} \mathcal{E}_{f} 2021 and assigned Florida document number $\underline{L21000022253}$
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) 210-15+ Ave N, E, Lutz FL 33549
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 5 9 10 10 10 10 10 10 10 10 10 10 10 10 10
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 Office Address: Dave Hackett 210 - 15t Ave N E Emer Florida street address Lutz 133549

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.

Cin

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
<u>AMBR</u>	Dave Hackett	210-15+ Ave N.E. Lutz FL 33549	Add
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	delayed effective of	late, but not	an effective	time, at 12:0	H a.m. on the	earlier of: (b)	The 90th da	y after the
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