L21000058854

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C/ 5/25/2025

COVER LETTER

68-76 PON	DELLA ROAD, LLC					
SUBJECT:	Name of Limit	ed Liability Company				
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.				
Please return all correspo	endence concerning this matter to	o the following:				
	LAUREL PAULA					
	Name of Person					
	CONTRACTOR LLC					
	Firm/Company					
	68 PONDELLA RD					
		Address				
	NORTH FORT MYERS, F	L 33903				
		City/State and Zip Code				
	lauriepaula76@gmail.com					
		be used for future annual report notition	cation)			
For further information c	oncerning this matter, please ca	ll:				
Laurel Paula		404 944-2035				
Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is a check for the	he following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres	<u>ss:</u>	Street Address:				

Registration Section
Division of Corporations

Registration Section
Division of Corporations

TO:

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED

68-76 PONDELLA ROAD, LLC

2025 APR -7 AM 9: 12

(Name of the Limited Liability Comps	any as it now appears on our records.) Liability Company) SECKETARY OF STATE	
(A Fiorita Edition	Liability Company) SEORE TARY OF STATE TALL AHASSEE, FL	
The Articles of Organization for this Limited Liability Company		
	and assigned	
Florida document number 1.21000058854		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	pility company here:	
912 SE 46TH LANE, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	dity Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	68 PONDELLA ROAD	
(Principal office address MUST BE A STREET ADDRESS)	NORTH FORT MYERS, FL 33903	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	_	
3. If amending the registered agent and/or registered office :	address on our records, enter the name of the new registe	
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•	
an indicate a regard a community to company includent of the title		

Thereby 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>	Address	Type of Action
			□Add
			Change
			□Add
			□Remove
		<u> </u>	Change
			Change
			□ Remove
		<u></u>	□Change
			□Add
			□ Remove
			Change
			□ Remove
			□Change

Typed or printed name of signee