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☐ PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Division of C				
Joseph J	Short Construction and Investme	ents LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Joseph J Short			
		Name of Person	 	21
	Joseph J Short Construction	n and Investments LLC		21 HAR -1 PH 4: 03
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	_
	19440 Glades cut off road			P.
		Address		£
	Port St. Lucie FL 34987			<u> </u>
		City/State and Zip Code	***	
	hennisconstruction@yahoo.			
		to be used for future annual report notif	ication)	
For further information	n concerning this matter, please ca	all:		
Joseph J Short		772 370-5669		
Name	e of Person	Area Code Daytime	: Telephone Number	
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)	☐ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is c	atus &
<u>Mailing Addi</u> Registration		<u>Street Address:</u> Registration Sec	ction	
Division of	Corporations	Division of Cor	porations	
P.O. Box 6	377	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 thing 1 ph w 03

Joseph J Short Construction and Investments

company has been notified in writing of this change.

(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 Company w	ere filed on <u>02/09/2021</u>	and assigned
Florida document number 1.21000069191		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "United Liability	y Company," the designation "LLC" or the abb	reviation "L.L.C."
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 ad	dress 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:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my duties, and I am fa ovided for in Chapter 605, F.S. Or, ij	miliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joseph J Short	19440 Glades cut off rd, Port St. Lucie, FL 34987	□Add
		·	□Remove
			Change
AMBR	Kathy L Hennis Short	19440 Glades cut off rd, Port St. Lucie, FL 34987	🗀 Add
			□Remove
AMBR	Kasandra 1. Short	19440 Glades cut off rd, Port St. Lucie, FL 34987	🗆 Add
			□Remove
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Tective date, if other than the date of filing:	aı	nd replaced with manager or Authorized member
fective date, if other than the date of filing:	_	
fective date, if other than the date of filing:	_	
fective date, if other than the date of filing: (optional) (opti		
fective date, if other than the date of filing: (optional) n effective date is fissed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Me: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. Coord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. Let D = D		
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//	ted _	Signature of orientber or authorized representative of a member
		Joseph TShort

Filing Fee: \$25.00