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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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(Submess Entity Number	
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COVER LETTER

	Registration Se Division of Cor				
eun me		Excavation, LLC			
SUBJEC	1:	Name of Lim	ited Liability Company		
The enclo	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Jared D Jones CPA			
			Name of Person		
		Jared D Jones CPA LLC			
			Firm/Company		
		3807 N 12th Ave			
		<u></u>	Address		
		Pensacola, FL 32503			
			City/State and Zip Code		
		jared@jaredjonescpa.com	CPA Name of Person CPA LLC Firm/Company Ave Address . 32503 City/State and Zip Code nescpa.com nail address: (to be used for future annual report notification) tter, please call: at (
For furthe	er information c	oncerning this matter, please c		in indirection,	
Jared D J	Jones CPA		at ()		
	Name o	f Person	Area Code I	Daytime Telephone Number	
Enclosed	is a check for the	ne following amount:			
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
	Mailing Addres Registration :				
Division of Corporations		Division o	Division of Corporations		
	P.O. Box 632 Tallahassee, l				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 APR 19 AM 11: 25

Panhandle Excavation LLC (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 were filed on February 11, 2021 __ and assigned 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 = M	from our records: lanager Authorized Member	Address 21 APR 19 AM 11: 25	
Title	Name	Address 21 APR 19 AMII: 23	Type of Action
MGR	Janilson Ramos Bie	1370 Dubose Road	Add
		Gulf Breeze, FL 32563	□Remove
			Change
			□Add
			Remove
			Change
			□Remove
		OA	□Add
			Remove
			Change
			□ Add
			Remove
		CI	□ Add
			□Remove
			□ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E.ffecti	date, if other than the date of filing:	
li an effe	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	0207 das
<u>rvote:</u> docume	's effective date on the Department of State's records.	u u.,
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after	the
rd is file		
	APRI 15 2021	
	11. 2	
Dated_		

Filing Fee: \$25.00