121000081463

(F	Requestor's Name)
(/	Address)
	Address)
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(i	Business Entity Name)
<u> </u>	Document Number)
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

	Registration Se Division of Cor		•	
SUBJEC		nstruction LLC		
SUBJEC		Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rett	urn all correspo	ndence concerning this matter	to the following:	
		William Erskine		
			Name of Person	
		Erskine Construction LLC		
			Firm/Company	
		37312 Oak Lane		
			Address	
		Umatillla, Fl 32784		
			City/State and Zip Code	
		erskineconstuctionl@gmail		
		E-mail address: (to be used for future annual report notif	ication)
For furthe	r information c	oncerning this matter, please c	all:	
William E	Erskine		352 809-5848 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed i	is a check for th	ne following amount:		
D \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 10 Section 2015 Section
	<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	tion
	Division of C		Division of Corp	

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000081463</u> .	were filed on Febuary 17, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	address on our records enter the ne	me of the new resists
agent and/or the new registered office address here:	address on our records, enter the na	me of the new registe
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 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
MGR	Carl Lee Erskine	37312 Oak Lane, Umatilla, Fl 32784	□Add
			Rem ove
			Change
AMBR	William Lee Crawford	16025 WALLACE STUMATILLA, FL 32784	□Add
			■Remove
			□Change
CEO	William R. Erskine	37312 Oak Lane Umatilla, Fl 2784	= Add
			□ Remove
			□Change
			□Add
			□Remove
		.	Change
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			Change

effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	
I have taken out WC and because of their names being listed as board members, they would not be cover under my WC policy, so we are requesting this admentment to be recogized and approved. **Continuous of the continuous of the cover of th	
under my WC policy, so we are requesting this admentment to be recogized and approved.	ed
ective date, if other than the date of filing:	
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sument's effective date on the Department of State's records.	not be listed as
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 s filed.	th day after the
ed Feb. 3 . 2024.	
Signature of a member of authorized representative of a member	·