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TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations		
SUBJECT: <u>Carl</u>	Bartlett Con	struction LLC ted Liability Company	<u>.</u>
	Amendment and fee(s) are sub-		
·	·	-	
	Carl A Ba	Name of Person	
	Carl Bartle	H Construction	LLC
	4984 Rock	Hill RD Address	
	Defoniah S	Prings FL 32 U City/State and Zip Code 1977 6 Gmqil. o o be used for future unnual report noti	135
	Carlbart lett	o be used for future annual report noti	(on)
For further information co	oncerning this matter, please ca		
Carl A B	artlett Person	at (<u>#50)</u> <u>333 –</u> Area Code Daytim	4835 ne Telephone Number
Enclosed is a check for the	e 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co	ection orporations	Street Address: Registration Se Division of Con	porations
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cacl Bartlett	Construction 44C Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number $\frac{1200011}{1200011}$	bility Company were filed on $\frac{03/z_1/2021}{2000}$ and assigned $\frac{2047}{2000}$.
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.1. C"
Enter new principal offices address, if applicat	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u> </u>
B. If amending the registered agent and/or regagent and/or the new registered office address	zistered office address on our records, <u>enter the name of the new registered</u> here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 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
MGR	Carl A Bartlett	4984 Rock Hill R Defoniak Springs FL 32475	√ Add
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective data if other than the data of filing.
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:03 a m. on the earlier of: (b). The 90th day after the record is filed.
Dated $Mgy 19^{rt}$. 2021 .
Carl A Bartlett Signature of a member or authorized representative of a member
Dated Mg y 19 th . 2021. Carl A Bartlett Signature of a member or authorized representative of a member Carl A Bartlett Typed or printed name of signee

Filing Fee: \$25.00