L21000123616

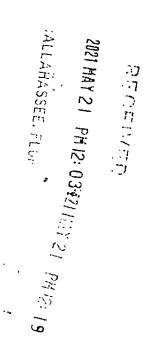
(Requestor's Name)	
(Address)	
(Address)	
PCRUP (VAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of St	atus
Special Instructions to Fliing Officer	

Office Use Only



800366733508

05/21/21--01015--020 **25.00



O SIMMULIE O SIMMULIE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name o	Ca Construction Agency
The enclosed Articles of Amendment and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this m	natter to the following:
الله الله الله الله الله الله الله الله	Name of Person
и.	Firm/Company
<u> 1531</u>	Nil Haffre Dr.
Green	ville, FL, 32331
1- mail acid	City/State and Zip Code Place Med 1, Ve. Coul ress (to be used for future attitual report notification)
For further information concerning this matter, ple	ease call;
Jeth Dammer	at (900) 615 7131 Area Code Daytime Telephone Number
	, , , , , , , , , , , , , , , , , , ,
Enclosed is a check for the following amount:	
\$25,00 Filing Fee	© Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION PH 12: 19

North Florida Constraction Agency
(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 March, 26 and assigned Florida document number 12/000/236/6
Pronua document number
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 "L.L.C" or the abbreviation "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 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 sireet address
, Florida
Cin Lip Code
New Registered Agent's Signature, if changing Registered Agent:

I nereby 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.

H-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 = AMBR =	Manager Authorized	Member

118111/1.Y 21 PH 12: 19

Title	<u>Name</u>	Address	Type of Action
AMBR	Jangger Center	531 NW Haffye Dr	·_ Dridd
			□Remove
			🗆 Change
			□Add
			□Remove
			_
 -			_ 3Add
			_ □Remove
			_ DChange
			_ TAdd
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ П Кепкіче
			_ UChange
			_ 🗆 Add
			_ CRemove
			_ JChange

fan	ending any other information, enter change(s) here: i thuch additional shear, if necessary) $2i$ Fig.:
	•

	· · · · · · · · · · · · · · · · · · ·
	7 7 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10
ote:	live date, if other than the date of filing:
eco is fi	rd 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 led.
ıed	4/21/21
	- Joseph -
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00