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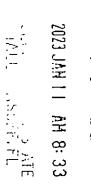
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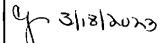
Office Use Only



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COVER LETTER

| Divisio | n of Corporations | | | | |
|-----------------------------------|--|--|--|--|--|
| SUBJECT: D | ck and Bulkhead Builders, LLC | | | | |
| Name of Limited Liability Company | | | | | |
| The enclosed A | icles of Amendment and fee(s) are submitted for filing. | | | | |
| Please return al | correspondence concerning this matter to the following: | | | | |
| | STEVE Nolen | | | | |
| | Name of Person Dock and Bulkhead Builders, LLC | | | | |
| | Firm/Company | | | | |
| | 3305 Walter Road | | | | |
| | Address | | | | |
| | Jacksonville, FL 32254 | | | | |
| | City/State and Zip Code | | | | |
| | nolen Steve 1975 agmail. com E-mail address: (to be used for future annual report notification) | | | | |
| For further info | nation concerning this matter, please call: | | | | |
| Yh | Name of Person at (904) 502-9398 Area Code Daytime Telephone Number | | | | |
| | | | | | |
| Enclosed is a ch | ck for the following amount: | | | | |
| ☆ \$25.00 Fili | g Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | | | | |
| Mailin | Address: Street Address: | | | | |

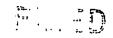
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

, TO:

Registration Section

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



Dock and Bulkhead Builders, LLC

2023 JAN 11 AM 8: 33

| (<u>: ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;</u> | ted Liability Compa (A Florida Limited | any as it now appears on our red Liability Company) | rords.) |
|--|---|--|-----------------------------------|
| The Articles of Organization for this Limited L Florida document number <u>L21000138955</u> | | were filed on 03/24/2021 | and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation " | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 3305 Walter Road | |
| (Principal office address MUST BE A STREET ADDRESS) | | Jacksonville, FL 32254 | |
| Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX" | | 3305 Walter Road | |
| | | Jacksonville, FL 32254 | |
| 3. If amending the registered agent and/or gent and/or the new registered office addre | | address on our records, <u>en</u> | ter the name of the new registo |
| Name of New Registered Agent: | Steve Notare | Volen | |
| | Steve Notes 1 | | |
| Name of New Registered Agent: New Registered Office Address: | | | dress |
| | | oad Enter Florida street ad | dress Florida 32254 |

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

| Title | <u>Name</u> | Address | Type of Action |
|-------------|----------------|-------------------------|----------------|
| MGR | Karen Tutwiler | 5046 Paradise Pond Lane | □Add |
| | | Jacksonville, FL 32207 | ■Remove |
| | | | □Change |
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| | | | □Remove |
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| e <mark>ctiv</mark> e reffect | e date, if other than the date of filing: |
| <u>te:</u> lt | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at t's effective date on the Department of State's records. |
| | e serveure date on the repartment of state s records. |
| cord s | 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 |
| s filed | ··· |
| | T 0 3 - 3 |
| ed | January 7 2023. |
| | $\mathcal{S}_{\mathcal{A}}$ $\mathcal{M}_{\mathcal{A}}$ |
| | Signature of a member or authorized representative of a member |
| | |
| | Steve Nolen |

Filing Fee: \$25.00