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COVER LETTER

TO:

TO: Registration So Division of Co		,	
L & N Con	stracting, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Andrea Lillie		
		Name of Person	
	L & N Contracting, LLC		
		Firm/Company	
	11246 Saddle Club Drive		
		Address	
	Jacksonville, FL 32219		
		City/State and Zip Code	
	Incontracting4@gmail.com		
		to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
Andrea Lillie		904 982-0672	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	i . \$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		Street Address:	otion.
Registration by Division of C		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	•
Tallahassee	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L & N Contacting, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on April 26, 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:	مئم
L & N Contracting, LLC		1021 SEC
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC" or t	(-11) <u>11</u>
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS		ATANY OF THE SECTION
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FINE SO
3. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the r</u>	name of the new registero
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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
			□Add
			□Remove
		 	☐ Change
			□Add
			□Remove
			□Change
			SEC ZOZI Add
			AA CRemove
			ALLAH SSEE FIE
			□Remove
			□Change
	*		□Add
			□Remove
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tument's effective date on the	Department of State's records.			
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s filed.	ive date, but not an effective time, at 12	:01 a.m. on the earlier of:	(b) The 9	Oth day after th
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Filing Fee: \$25.00