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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sikes Site Work L.L.C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cody J. Sikes Name of Person
Sike Site Work L.L.C
4395 Dana Rd
City/State and Zip Code S. Kess tework @ gma, 1, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cody J. Si Wes at (863) 517. 2804 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5, Wes Site U	No 1 1/4 Liability Company	y as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Liab	oility Company w			_ and assigned	
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the					
The new name must be distinguishable and contain the word	ds "Limited Liabilit	y Company," the design	ation "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicab	ole:	_1	 		
(Principal office address MUST BE A STREET	ADDRESS)	-			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0.V)</u>				
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office ad here:	ddress on our recor	rds, enter the name	of the new registere	<u>:d</u>
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida s	street address		
	1 ~		, 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 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 Type of Action Address Title <u>Name</u> AMBR Cody J. Sikes 4395 Dana Rd Ardd Labelle F1. 33935 DRemove AMBR ANSSA C. Sikes 4395 Dana Rd MAD La Belle Fl, 33935 DRemove _____ □Change _____ □Remove

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is filed.				effective t	ime, at 12:01	a.m. on the	earlier of: (b)	The 90th day	after the
ated <u>JC</u>	14,2	Dikes Sikes	· <u>·</u>	2021	·				
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