LZI 000 277339

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Gity/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Ì

Office Use Only



000369765200

07/14/21--01010-+027 **55.00



> KILLDEY

COVER LETTER

Division of Corpo	orations		
	,		
SUBJECT: Southbend C	ontracting L.L.C.	ited Liability Company	
	Name of Line	ited Figurity Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Diego Martinez Zen		
		Name of Person	
	Southbend Contracting L.I.	C	
	Southend Contracting E.L	Firm Company	
	6288 NE Thomas Dr.	Name of Person ing L.L.C. Firm Company T. Address City State and Zip Code @gmail.com dress: (to be used for future annual report notification)	
	Arcadia, FL 34266		
		City State and Zip Code	
	martinez.designer24@gmail E-mail address: (t	l.com o be used for future annual report n	notification)
For further information con	ncerning this matter, please ca		
Torract momation con	returns this name, presse en		
Maria Martinez Zea		at (863) 234-9771	
Name of P	Pet SO(1)	Area Code Day	time Telephone Number
Enclosed is a check for the	following amount:		
		- SSS OO FIRM THE	1.1 con on rillua rec
Li 325.00 rang ree	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327

Registration Section

TO:

Tallahassee, FL 32314

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

(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our recording liability Company)	r <u>ds.</u>)	
The Articles of Organization for this Limited Liability Company	were filed on June 15, 2021	and assigned	
Florida document number <u>L21000277339</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Southbend Drywall L.L.C.			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	6288 NE Thomas Ave	20	
(Principal office address MUST BE A STREET ADDRESS)	Arcadia, FL 34266		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		(t)	
B. If amending the registered agent and/or registered office:	address on our records, ente	r the name of the new registered	
agent and/or the new registered office address here:	<u> </u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre	253	
	Florida		
	Cīù	Zıp Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		• •	

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. Thereby 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
			<u>∐</u> Remove
			∐Add
			□Remove
			□Add
			□Remove
			□Change
			□Remove
			LRemove
			∐Change

	<u> </u>			
				
	J1			
· ————————————————————————————————————				
-		·		.
				
				.
ective date, if other than the effective date is listed, the date must be: If the date inserted in this bloument's effective date on the De	ck does not meet the ap	oplicable statutory filit	optional) nore than 90 days after filing ng requirements, this date	.) Pursuant to 605.020 will not be listed a
cord specifies a delayed effective s filed.	date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b) Th	e 90th day after th
ed July 11th	. 2021	Make -		
ed July 11th	. 2021	Monal.	of a member	

Filing Fee: \$25.00