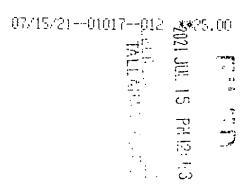
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Special Instructions to	Filing Officer:	-

Office Use Only



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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: ALL FL	Name of Limited Liability Company	UF) L.L.C.
The enclosed Articles of Amen	Iment and fee(s) are submitted for filing.	
Please return all correspondence	e concerning this matter to the following:	
	Brian O forte Name of Person ALL Florida Constr Firm/Company	JR Juction (Nf) LLC
	165 SW RayBurn	<u>ct</u>
_	Lake City FL 32 City/State and Zip Code	2024
	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report	
For further information concern	ing this matter, please call:	
Name of Perso	HUNCZ at (386) 9'8 Area Code Da	9 mark. (Om 3) notification)  65-1273  ytime Telephone Number
Enclosed is a check for the following	wing amount:	
	330.00 Filing Fee & S55.00 Filing Fee & 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 Corpor P.O. Box 6327 Tallahassee, FL 32	ations Division of C The Centre C	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ALL Florida Constru		L.C.		
( <u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	it now appears on our records.) ity Company)			
The Articles of Organization for this Limited Liability Company were Florida document number <u>L 21000 2 8 3 2 7</u> 0	e filed on <u>6/17/2</u>	<u>/</u> ;	and ass	igned
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 C	ompany," the designation "LLC" or the	e abbrevia	tion "L.I	L.C."
Enter new principal offices address, if applicable:		-		
(Principal office address MUST BE A STREET ADDRESS)				
				<del></del>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
• • • • • • • • • • • • • • • • • • •		<b>B</b>	1703	·
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, <u>enter the r</u>	anie of t	he new	registere
agent and or the new registered office address here:		121 · .	<u></u>	_ 14 a
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:			15:	Capa I
	Enter Florida street address	:: :::.	Ç.)	
	, Florida			
	City	Ziz	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>	Name	Address	Type of Action
MGR	Brian Oforte JR	165 SW Ray Burn Ct Lake City CL 320=	[ <del>S</del> Add 2_ Y
		<u> </u>	□Remove
			Change
<u>AMB</u> R	<u>Viuian</u> Antunez	165 SW RayBurn ct Lake city fl 32024	( <del>ZIAdd</del> -
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2)	Brian	0 - 1 as	forte	TR Need Author	1	b.e	— — —
							2021 JUL 15
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te: If the ument's	effective date on the	must be specific and block does not be Department of	ed cannot be prion meet the appli State's records	r to date of filing or mo cable statutory filing s.	requirements, this	iling.) Pursuar date will not	be listed a
s filed.				orized representative o		The 90th d	ay after th

Filing Fee: \$25.00

Brian O Forte TR
Typed or printed name of signee