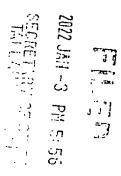
h21000304327

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	atus
Special Instructions to Filing Officer:	
Q. SILAS	
23.4	
1/3/2	2
Office Use Only	



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11/08/21--01036--017 **25.00





December 2, 2021

ALAN ROWAN 2747 PINE AVE MIMS, FL 32754

SUBJECT: JL RIDDLER CONSTRUCTION LLC

Ref. Number: L21000304327

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must submit all pages for filing. Page 1 of 3 is missing. All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 021A00028925

1/3/22

COVER ÉETTER

Registration Section Division of Corporations

TO:

SUBJECT:JL_	RIDDLER CO	NSTRUCTION	LLC	
	Name of Lim	nited Liability Company		,
The enclosed Articles of z	Amendment and fee(s) are sub	omitted for filing.		
	ndence concerning this matter	-		
•	_	_		
	ALAN KO	Name of Person		
		Name of Person	·	
		Firm/Company		
	2747 PINE	DUE		
	2747 PINE 1	Address		
	MIMS FL.	32754		
		City/State and Zip Coo	ie	_
	MIMS, FL. AROWANIE E-mail address:	-CFL. RR. C	on al report notific	cation)
For further information co	oncerning this matter, please c			·····
			ا میں	L
HUAN KOG	VA ~	$\frac{32l}{4\pi^2 Code}$	302-1	GO/
Name of	reison	Area Code	Daytime	reteprione Number
Enclosed is a check for the	a fallancina amount			
/	S30.00 Filing Fee &	Des oo Pr. T	a	
M 525.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632	ection ; orporations 7	Regis Divis The C	Address: tration Sect ion of Corp Centre of Ta	orations Hahassee
Tallahassee, F	L 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FMEA

IL RIDDLER	CONSTRUCTION LLC	2022 JAN	-3 PH 5:56
(Name of the Limit	CONSTRUCTION LLC ed Liability Company as it now appear (A Florida Limited Liability Company) iability Company were filed on	rs on our records CRET	GRY OF STATE
The Articles of Organization for this Limited L	iability Company were filed on	1/5-2021	and assigned
Florida document number <u>L 21 000 3</u> 6 43 .	27		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability company he	ere:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the d	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	able:		
Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			·
Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or r		ecords, <u>enter the nam</u>	e of the new registered
agent and/or the new registered office addres	ss here:		
Name of New Registered Agent:	KATHUEN ROWAN		
New Registered Office Address:	KATHLEEN ROWAN 2747 PINE AVE Enter Flor	ida street address	
	MIMS		
	Ciř		гэр Соав

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.

Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enser 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>	<u>Address</u>	Type of Action
AM6R	KATHLEEN ROMAN	2747 PINE AVE.	[ZAdd
		2747 PINE AVE. Mins, Fl. 32754	□ Remove
			Change
	-100		□Add
			□ Remove
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. ALAN ROLAN

Typed or printed name of signee