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22 FEB 11 PH 3: 26

T. MATTHEWS FEB 2 2 2022

COVER LETTER

TO:

Tallahassee, FL 32314

	egistration Se ivision of Cor			
SUBJECT	Long leaf c	onstruction LLC		
SUBJECT	`!		ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing	
		ndence concerning this matter	_	
		Kate Wood		
			Name of Person	
		ZenBusiness Inc.		
			Firm/Company	
		5511 Parkerest Dr., Ste. 10)3	
			Address	
		Austin, TX 78731		
		fulfillment@zenbusiness.cc	City/State and Zip Code om to be used for future annual report no	Milication
For further	information co	oncerning this matter, please c	·	
Kate Woo	d c/o ZenBusir	ness Inc.	844 493-6249	
*-	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is	s a check for th	ne following amount:		
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	lailing Addres		Street Address:	
	egistration Sivision of C		Registration S Division of Co	
	O. Box 632		The Centre of	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FEE 11 PH 3: 26

Long leaf construction LLC		
(Name of the Limited Liabi (A Flori	ility Company as it now appears on ou da Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number 1.22000036376	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	<u>.</u>
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere agent and/or the new registered office address here:		, <u>enter the name of the new registe</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	and to the
	tmer v lorida stred	A GAGPESS
	City	Florida Zip Code
	t ŵt.	гар Соце

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>	<u>Address</u>	Type of Action
AMBR	Donald Jay Redden	1831 Seminole Harbor Dr	≣ Add
		Alva, FL 33920	□Remove
		·	□Change
			□Add
			□Remove
			□Change
	 		□Add
			□Remove
			□ Change
			⊡Add
			Remove
			
			□Add
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Ffective date, if other an effective date is listed, if ote: If the date inserted ocument's effective date	ie date must be specific a in this block does not	and cannot be prior to o t meet the applicabl	date of filing or more to e statutory filing red	optiona han 90 days after fili quirements, this da	ng.) Pursuant to 605.0	20) a.

Filing Fee: \$25.00