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T. MATTHEWS MAR 16 2022

### COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	CONSTRUCTION Name of Lim	n and Handym	an Services, W
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Amanda	Name of Person	
		Firm/Company	
	2718 Paz	Place	
	Pensaco	ola, FL 32504	)
	COX CONSTRUCT	City/State and Zip Code  100 and and and yman to be used for future annual report notif	egmail. com
For further information co	oncerning this matter, please c		
Amarda La	Person	at (850) 4187 Area Code Daytime	500 e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing & didense		Street Address	

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

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Cox Construction (Name of the Limited L	and Handyn ability Company as king lorida Limited Liability Co		es, LLC	
The Articles of Organization for this Limited Liabili		ed on 1 · 3 lo ·	<u>2023</u> and ass	signed
Florida document number LAAOOO4443	37			
This amendment is submitted to amend the following	ıg:			
A. If amending name, <u>enter the new name of the</u>	limited liability com	pany here:		
The new name must be distinguishable and contain the words	"Limited Liability Compa	ny," the designation "LL	C" or the abbreviation "L	.L.C."
Enter new principal offices address, if applicable	:	<del></del>		<del></del>
(Principal office address MUST BE A STREET A	DDRESS)			<del></del>
	<del></del>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
				<del> </del>
B. If amending the registered agent and/or regis agent and/or the new registered office address he		on our records, <u>ente</u>	r the name of the ne	w registered
Name of New Registered Agent:	Amanda 1	Ladie	u	
New Registered Office Address:	27.18 Pa	Z V Q C C Enter Florida street addre	=35	<del></del>
	Pensacola	, F	lorida <u>3050</u> Zip Code	<u>e</u>

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Amanda L. Ladieu	2718 Paz Place	
		Pensacola, Fl 32506	□Remove
			☐ Change
			□Add
		*****	□Remove
			☐ Change
			□Add
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		<del> </del>	□Change
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			□Remove
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			□Add
		<del></del>	□Remove

□Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
. Effective date, if other than the date of filing:
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 ecord is filed.
Dated 3. 2. 2022
Signature of a member or authorized representative of a member
Typed or printed name of signee