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COVER LETTER

TO:

Tallahassee, FL 32314

	RAL CONTRACTOR AND D	ESIGN SERVICES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: CHARLES DERRICK FAGG Name of Person ITZ GENERAL CONTRACTOR AND DESIGN SERVICES LLC Firm/Company 11011 TURNBRIDGE DRIVE Address JACKSONVILLE. FLORIDA. 32256 City/State and Zip Code DERRICK@ITZCONSTRUCTION.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHARLES DERRICK FAGG Name of Person Name of Person Daytime Telephone Number			
Please return all correspo	ondence concerning this matter	to the following:	
	CHARLES DERRICK FA	GG	
Division of Corporations SUBJECT: ITZ GENERAL CONTRACTOR AND DESIGN SERVICES LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CHARLES DERRICK FAGG Name of Person ITZ GENERAL CONTRACTOR AND DESIGN SERVICES LLC FinwCompany 11011 TURNBRIDGE DRIVE Address JACKSONVILLE, FLORIDA, 32256 City/State and Zip Code DERRICK@ITZCONSTRUCTION.COM E-muil address: (to be used for future annual report notification) For further information concerning this matter, please call: CHARLES DERRICK FAGG Name of Person Area Code DERRICK@ITZCONSTRUCTION.COM E-muil address: (to be used for future annual report notification) Enclosed is a check for the following amount: S25.00 Filing Fee Certified Copy (radditional copy is enclosed) Mailling Address: Street Address:			
	ITZ GENERAL CONTRA	CTOR AND DESIGN SERVICES	LLC
		Firm/Company	, ,,,
	11011 TURNBRIDGE DR	IVE	
		Address	···
	JACKSONVILLE, FLORI	DA, 32256	
		City/State and Zip Code	
	•		
		-	cation)
For further information of	concerning this matter, please e	ill:	
CHARLES DERRICK FAGG			
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration Section Division of Corporations		Registration Sec Division of Corp	
P.O. Box 632		The Centre of Ta	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 JUN - 1 PM 12: 37

ITZ GENERAL CONTRACTOR AND DESIGN SERVICES LLC

CONTRACTOR AND DESIGN SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records TALLAHASSEE, FL

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	any were filed on FEBRUARY 2	22, 2022 and assigned
Florida document number L22000084707		
This amendment is submitted to amend the following:		
nter new mailing address, if applicable:		
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	0	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>ent</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	tress
		Florida
	•	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	

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>	Address	Type of Action
MGRM	CHARLES DERRICK FAGG	H0H TURNBRIDGE DRIVE	■Add
		JACKSONVILLE, FLORIDA, 32256	□Remove
MGRM	DENISE VIGLIOTTI SMITH	H011 TURNBRIDGE DRIVE	■Add
		JACKSONVILLE, FLORIDA, 32256	□Remove
			□Change
			□Add
			□Remove
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fective date, if other than the	date of filing:	(optional)	
n effective date is listed, the date must	t be specific and cannot be prior to date of filing or rock does not meet the applicable statutory filing	nore than 90 days after filing.) Pursuant to	
cument's effective date on the De			
		on the earlier of: (b) The 90th day a	fter the
ecord specifies a delayed effective is filed.	e date, but not an effective time, at 12:01 a.m.		
is filed.			
	2022		
is filed. ted MAY 27TH	. 2022		

Filing Fee: \$25.00