## 122000095052

(Requestor's Name)	
(Address)	
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,	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<del></del> .
(Document Number)	
Certified Copies Certificates of Statu	s
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T. MATTHEWS APR 1 1 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations	y y
SUBJECT: Durbin Con	Struction LC
The enclosed Articles of Amendment and fee(s) are sub	emitted for filing.
Please return all correspondence concerning this matter	to the following:
<u> Evenda</u>	Name of Person
Durbin	Construction UC
2203	XCXLY (Lir Address
Melbour	OR, Fronda 32935 City/State and Zip Code
E-mail address:	on Struction a grant ('ON') to be used for future annual report notification)
For further information concerning this matter, please of	all:
Name of Person	at (321) Q60.018 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sum \text{Certificate of Status}\$	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION FILELI STATE OF OTTO OF CORPORATIONS

Durbin Construc	ction	1 1 1 .	PH 3 20
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appea liability Company)	urs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number		2 <i> 3</i> 2 30	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company h	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the	designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<del> </del>	
	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our	records, <u>enter the 1</u>	name of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
	City	, Florida	Ziv Code
New Registered Agent's Signature, if changing Registered Agent:	, <del>.</del> ,		
I hereby accept the appointment as registered agent and agre			• •
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p			

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>	Name	Address	Type of Action
mal	Brenda Durbin		🗆 Add
		2203 Breczy Cir. Heltourne	FL, 32935- 2,
			□Change
MER	Shawn Duchin	2703 Breezy Pic. Melboury	FL, 37935 C, \$50dd
		···	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			Change
			□ Add
			□Remove
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			🗆 Add
			Remove
			Change

te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.					<del></del>	<u> </u>	<del></del>
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Signature of a member or authorized representative of a member	ted <u>3/2</u>	2	2	022.			
Broads M. chin		Duda	gnature of a member	6 in authorized repres	sentative of a membe	r ·	
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Filing Fee: \$25.00