# 422000166076

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PICK-UP WAIT MAIL
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SECRETARY OF STATE
TALLAHASSEE, FL

## **COVER LETTER**

SUBJECT:				
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter to	o the following:	
		Stephanie Goebel		
			Name of Person	<del></del>
	Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing.  arn all correspondence concerning this matter to the following:  Stephanie Goebel			
			Firm/Company	
		Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  pondence concerning this matter to the following:    Stephanic Goebel		
			Address	
		Austin, TX 78731		
			City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notific	ation)
For further in	nformation co	ncerning this matter, please cal	II:	
Stephanie G	oehel c/o Zen	Business Inc.		
	Name of	Person	at () Area Code — Daytime T	'elephone Number
Enclosed is a	check for the	e following amount:		
■ \$25,00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Port Saint Joe Construction, LLC		
( <u>Name of the Limited Liability Com</u> (A Fiorida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 04/06/2022	and assigned
Florida document number 1.22000166076		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or (	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SEC 922
	<del></del>	PR E
		書る
Enter new mailing address, if applicable:		SO F
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	E S 5
		<u></u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	_	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	City	Zip Code

#### 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Lauritz A Tjernagel-Bravo		
		520 Secluded Dunes Dr Port St Joe, FL 32456	■ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			□ Remove
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<del></del>			Add
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Effective	date, if other tl	han the date of fi	ling:		(optional) than 90 days after filing	
f an effecti Note: If i	ive date is listed, the	date must be specifie in this block does no	and cannot be prior to	o date of filing or more blo eratutory filing i	than 90 days after filing equirements, this date	.) Pursuant to 605.0207 i will not be listed as t
		on the Department of		or sandory ming	equirements, tins date	Will like the fisted do
ne recor	d specifies a d	delayed effectiv	e date, but not	an effective tin	ne, at 12:01 a.m.	on the earlier of:
The 90	Oth day after t	the record is file	ed.			
۸.	0		2022			
Dated	ngust o		·	<u>.</u> .		
	tot Charles INC	oterean				
	/s/ Charles D F	Cicraoni				

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Typed or printed name of signee

Filing Fee: \$25.00