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(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Please direct any inquiries to
Christina Mckenzie 772-579-7984

or
Devin Luneaton 772-201-5426

Return address is: 1720 Copenhaver Road F1. Pierce, FL 34945

Thank you in advance,

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:E ◀	W Mechani Name of Lim	cal Contraction	g LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Devin	Wheaton Name of Person	
		Firm/Company	
	П20 со	<u>penhaver Rog</u>	nd
	F1. Pierce,	FL 34945 City/State and Zip Code	
	treosure C E-mail address: (to be used for future arimual report notif	ail. Comication)
For further information of	concerning this matter, please co	all:	
Devin La Name o	incatan	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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 Addres Registration		Street Address: Registration Sec	tion
Division of C		Division of Con	
P.O. Box 632		The Centre of Ta	
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

(Name of the Limited L	ical contracting bares of 12 J.
(A F	lorida Limited Liability Company SECRETARY OF STATE
	TALLAHASSEE, FL
The Articles of Organization for this Limited Liabil	ity Company were filed on 5-3-22 and assigned
Florida document number <u>L22000210</u>	<u> 1024</u>
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::
(Principal office address MUST BE A STREET A	DDRESS)
	-
Enter new mailing address, if applicable:	
••	Y)
••	<u></u>
••	<u></u>
(Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or regis	tered office address on our records, enter the name of the new register
(Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or regis	tered office address on our records, enter the name of the new register
(Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or regis	tered office address on our records, enter the name of the new register
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(Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or regis agent and/or the new registered office address he Name of New Registered Agent:	tered office address on our records, enter the name of the new register
(Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our records, enter the name of the new register
Name of New Registered Agent:	tered office address on our records, <u>enter the name of the new register</u> ere:

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>	Address	Type of Action
MGR	Treasure Coast General Contractors	_1720_copenhaver Ro	<u> </u>
	LLC	Ft. Pierce, FL 34945	Remove
			□Change
MGR	Devin wneaton	1720 copenhaver Ro	L D Add
		Ft. Pierce, Fl. 34945	□Remove
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an effi ote:	ve date, if other than the date of filing:513122
record is fil	I 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 ed.
ited .	May 23 . 2022 . Signature of a member or authorized representative of a member
	inguitate of a memory of tepperature of a memory