L22000219135

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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: CONPLETE Contraction Name of Limit	the and Construction U.C.
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter t	o the following:
	Blakenay Name of Person
Complete Co	n tractly and Construction
5753 H	ighway 85 North Anz-6588
_ Courtie	City/State and Zip Code
E-mail address: (t	o be used for future annual report notification)
For further information concerning this matter, please ca	all:
Name of Person	at (813) 850-5244 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S25.00 Filing Fee SCertificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ______ Florida document number <u>L</u> 220002219135 This amendment is submitted to amend the following: 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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>	Name	Address	Type of Action
AMBR	Krith Blakeway	5753 Highway 851 PMB-6588 CRASTVIEW F1.3252	1. ZAdd
		PNB-6588	□Remove
		CRESTVIAN F1.3252	<u></u> □Change
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Note: If the	date inserted in this	block does not n	neet the applica	ble statutory fi	ling requireme	ents, this date wi	ll not be listed as th
document's	effective date on the	Department of S	tate's records.				
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Filing Fee: \$25.00