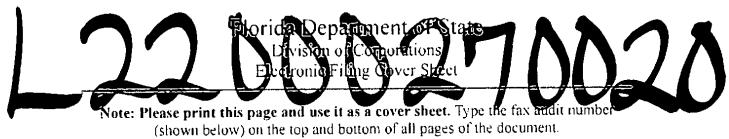
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Division of Corporations



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To:

Division of Corporations

Fax Number

Page: 1 of 7

: (850)617-6383

From:

က် XI.

Account Name ; LICENSES ETC INC Account Number : I20070000159

: (239)777-1028 Phone

: (877)275-3593 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SUPPORT@LICENSESETC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIRST COAST CONTRACTING, LLC

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JUL 11 2022

M. SOLOMON

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Corporate Filing Menu

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COVER LETTER

| TO: Registration Sec Division of Corp | | 1 | • | | |
|--|---|---|---|--|----------|
| SUBJECT: | Name of Limi | Coting I.I.C. led Liability Company | | | |
| The enclosed Articles of A | Amendment and fee(s) are subt | nitted for filing. | | | |
| Please return all correspon | ndence concerning this matter t | to the following: | | | |
| | Raymon | Name of Person + Contracting Firm Company | · · · · · · · · · · · · · · · · · · · | | |
| | First Coas | + Contracting Firm Company | | | |
| | 473 Vet R | ock bae | | 74 | 2822 JUL |
| | Jackson | City/State and Zip Code Sirst Coset Panal. Code The be used for future amount report notified | *************************************** | 71 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | JUL -3 |
| | Contraction E-mail address: | Strit Court Paneil. Combined report notific | fication) | | ≱ |
| For further information co | oncerning this matter, please ca | | | • | 64:6 |
| Raymond Name of | Agy Person | at (904) 710-6 Area Code Daytim | 9545 e Telephone Number | | |
| Enclosed is a check for th | ne following annount: | | | | |
| ∑ \$25.00 Filing Fee | ☐ \$30.00 Filing Fcc & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Continued Copy (additional copy is enclosed | | |
| Mailinu Addres | ·s· | Street Address: | | | |

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

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

(((H22000233470 3)

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

| First Wast Contract: (Name of the Limited Liability Comp (A Florida Limited) | and as it now appears on o | our records.) | | |
|---|--|--|--|-------------------------------|
| The Articles of Organization for this Limited Liability Company | y were filed on <u>6/1</u> | <u> ډر ۱/ 3</u> | and assig | реd |
| 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 Liab | sility Communy " the designs | tion "I I C" or the abbrevi | ation "L.L | .C." |
| Enter new principal offices address, if applicable: | 1 | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | `• # | |
| | 110 | | | |
| Enter new mailing address, if applicable: | N/A | | | - i |
| (Mailing address MAY BE A POST OFFICE BOX) | | | - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 | · · · · · · · · · · · · · · · |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our recor | ds, enter the name of | the new | registered |
| Name of New Registered Agent: | | | | <u></u> |
| New Registered Office Address: | Enter Florida si | treet address | — | - |
| ************************************** | | , Florida | Zip Code | |
| N. D. Company of above in a Designated Agen | City | • | ир Соне | |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office. | gree to act in this capa te performance of my s provided for in Chap | duties, and Lam Jami over 605, F.S. Or, if th | illar witt his docui | n ana ment is |

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

Page: 6 of 7

(((H22000233470 3) 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 | Raymond Nagy | 473 Wet Rock Lone | MAdd |
| | | Jackson Tie, Pl, 3225 | □Remove |
| | | | □ Change |
| | | | ⊡Add |
| | | | []Remove |
| | | | [] Change |
| | | | □Add |
| | | | Петоче |
| | | | ☐ Change ☐ Add ☐ Remove |
| | | | ☐ Change |
| | | | |
| | | | Remove |
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| | | ALD THE RESERVE THE PARTY OF TH | |
| | | | □Remove |
| | | | ☐ Change |

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From: Licenses

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Page: 7 of 7

| . If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 Note: If the date inserted in this block does not meet the applicable statutory liling requirements, this date will not be list document's effective date on the Department of State's records. |)5.0207 (3)(b ited as the |
| f the record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earl b). The 90th day after the record is filed. | ier of: |
| Dated July , 2002 | |
| Signature of a member or authorized representative of a member | |
| Reymod New Y | |

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Filing Fee: \$25.00