(Requestor's Name)
(Adcress)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
*Copies Certificates of Status
al Instructions to Filing Officer
J. HORNE MAR 3 0 2023

Office Use Only



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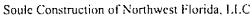
COVER LETTER

Registration Section

TO:

Div	ision of Corp	porations	•		
	Soale Const	truction of Northwest Florida, l	LLC		
SUBJECT:		Name of Limi	ted Liability Company		
Please return	ail correspo	ndence concerning this matter t	to the following:		
		Joseph W. C. Boyles			
	Name of Person				
Boyles & Boyles, PLLC					
			Firm/Company		
		212 West Cervantes Street			
			Address		
		Pensacola, Florida 32501			
		Pensacola, Florida 32501 City/State and Zip Code jwcb@boylesandboyleslaw.com E-mail address: Cortificate of Status Address Store the following amount: Fee S 30.00 Piling Fee & Certificate of Status Certificate of Status Address: ation Section n of Corporations Address: ation Section Division of Corporations Passendament and fee(s) are submitted for filing. Name of Person Name of Person Name of Person Pensacola, Florida 32501 City/State and Zip Code jwcb@boylesandboyleslaw.com E-mail address: (to be used for future annual report notification) at 850 Address: Certificate of Status Certified Copy (additional copy is enclosed) Address: ation Section Division of Corporations			
				ication)	
For further i	nformation c	oncerning this matter, please ca	all:		
Jennifer Ho	lland				
	Name o	f Person	Area Code Daytime	· Telephone Number	
Enclosed is	a check for th	he following amount:			
□ \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Re Di P.	ivision of C O. Box 632	Section Corporations 27	Registration Sec Division of Cor The Centre of T 2415 N. Monroe	porations allahassee e Street, Suite 810	

ARTICLES OF AMENDATION TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company as it now appears on our records:)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	ny were filed on July 5, 2022	and assigned
Florida document number L22000300935		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Soule Construction, LLC	<u></u>	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
<u>-</u>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
:		
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new registers
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flor	ida
	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 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
			□Add
			□Remove
		 	□ Change
			□Add
			□Remove
		-	□ Change
			□ Remove
			□Add
			Remove
			□Change
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Note:	tive date, if other than the date of filing:
he reco	rd 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 filed.
Dated	Signature of a member or authorized representative of a member
	John F. Soule, Ir. Typed or printed name of signee