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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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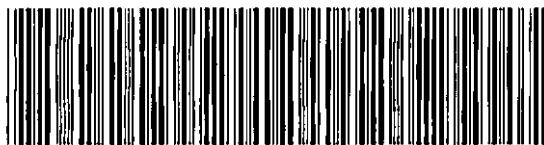
(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE  
CLERK OF STATE

R. HUNT

10/24/23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLOCKER CONSTRUCTION SERVICES, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK WOODLOCK, ESQ  
Name of Person

Woodlock Construction Law Firm, P.A.  
Firm/Company

1350 Orange Avenue, Suite, 280  
Winter Park, Florida 32789  
Address

MARK@WOODBLOCKLAW.COM  
City/State and Zip Code

MARK@WOODBLOCKLAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK WOODLOCK, ESQ at ( 407 ) 409-5305  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

BLOCKER CONSTRUCTION SERVICES, LLC

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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DIVISION OF CORRECTIONS  
RECEIVED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Handwritten area with a large diagonal line across the lines.

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DIVISION OF CORPORATE AFFAIRS  
DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 605.02(7) (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated OCTOBER 5, 2023

Signature of a member or authorized representative of a member

BRIAN J. BLOCKER AMBR

Typed or printed name of signee