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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer.
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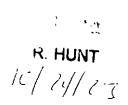




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COVER LETTER

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:

			WOODLOCK Name of Person		
		(Firm/Company	Woodlock Construction Law Firm, P. 1350 Orange Avenue, Suite, 280 Winter Park, Florida 32789	\
			Address		~/
		MARKE WOOL E-mail address:	City/State and Zip Code CCKLA W. CC (to be used for future annual		2023 OCT 24
For further infor	mation c	oncerning this matter, please o	call:		P.H.
MARK	Wa	oDLOCK, ES9	at (_407 ₎ _	409-5305	PH 12: 40
,	Name o	f Person	Area Code	Daytime Telephone Number	_
Enclosed is a cho	eck for th	ne following amount:			
\$25.00 Filin	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy	& \$60.00 Filing Fee, Certificate of Status	&

Mailing Address:

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

Street Address:

(additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

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

CKER CONSTRUCTION SERVICES, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) BLOCKER

The Articles of Organization for this Limited Liability Co	ompany were filed on 07 21 2022 and assigned
Florida document number LIQQ00033 39	45
This amendment is submitted to amend the following:	,
A. If amending name, enter the new name of the limit	ed liability company here:
BLOCKER CONSTR	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2023
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	nd agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is I office address, I hereby confirm that the limited liability
	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>	Address	Type of Action
			□Add
			□ Remove
			□Change
	/		□ Add
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Fective date, if other than the date of filing:								2023 2023
fective date, if other than the date of filing: (optional) (opti			-/					
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