Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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Emaıl	. Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **HULL'S CONSTRUCTION LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hull's Construction LLC

(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 Company were filed on 07/27/22 and assigned Florida document number L22000332797 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

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 amen'ding 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	<u>Address</u>	Type of Action
AMBR	James S Brown Jr	7901 4TH ST N STE 300	MAdd
		ST. PETERSBURG, FL 33702	Remove
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Effective date, if other than the dat (If an effective date is listed, the date must be	te of filing:		(optional)	
(If an effective date is listed, the date must be Note: If the date inserted in this block	specific and cannot be prior to does not meet the applical	o date of filing or more than 9 ble statutory filing require	0 days after filing.) Pursuant to ments, this date will not be	605.0207 (3 listed as th
document's effective date on the Depar	tment of State's records.	, ,		
he record specifies a delayed effective da ord is filed.	te, but not an effective tin	ne, at 12:01 a.m. on the ca	rlier of: (b) The 90th day :	after the
Dated September 8		<u>.</u> .		
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Sign	nature of a member or author	ized representative of a men	ber	
Morgan Noble	ı			
ga	Typed or printed	name of signee		-

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