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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ALMOST DONE CONSTRUCTION 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:
JUSTIN RENATO LALLOZ Name of Person
ALMOST DONE CONSTRUCTION LLC
7562 LAUREL VALLEY Rd
FORT MYERS - FLORIDA - 33967 City/State and Zip Code JUSTIN LA LLOZO AM QUI. LOM E-mail address: (to be used for filture annual report notification)
For further information concerning this matter, please call:
SUSTIN R. LALLUZ at (239), 910 - 3035 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Almost</u>	DONE CONSTR	uction LCC
(Name of the Limited Liabili (A Florid	ty Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L 22 000 4875 74</u>		14 - 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
BUILDING the best in The new name must be distinguishable and contain the words "Lin	+ LDRIDA L	LC 10 28
The new name must be distinguishable and contain the words "Lin	iited Liability Company," the designa	
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDI	RESS)	
		Se P
Enter new mailing address, if applicable:	NA	3: 56 STATE STATE
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our record	s, <u>enter the name of the new registered</u>
Name of New Registered Agent:	Α	<u>=</u>
New Registered Office Address:	A	
	Enter Florida sti	vet address
		Florida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registere		

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>	Name	Address	Type of Action
			□Remove
			□Change
			©Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
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			Fi Chapue

amendin	ig any other inf	ormation, enter	change(s) here	: (Attach a	dditional sheets,	if necess	ay.)
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n effective <u>ste:</u> If the	date is listed, the deduction date inserted in	an the date of fil ate must be specific this block does no the Department o	and cannot be prior it meet the applic	able statutoi	ng or more than 90 c ry filing requireme	(option lays after fi ents, this c	tal) ling.) Pursuant to 605.0207 late will not be listed as
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_		Signature o	f a member or lad	onzed repress	entative of a membe	·r	
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Filing Fee: \$25.00