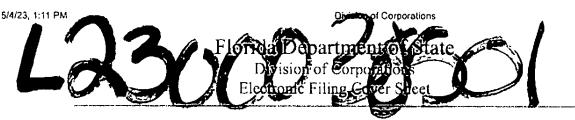
To



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323)962-8600
Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	,,
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DARK RIVER CONSTRUCTION LLC

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T. LEMIEUX MAY 05 2023

Registration Section

Ta:

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TO:

COVER LETTER

Division of C	lorporations		
	RIVER CONSTRUCTION LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	· · · · · · · · · · · · · · · · · · ·
	Glendale, CA 91203		
		City/State and Zip Code	
	darkriverconstructionllc@g		
Tan Euskan in Commenter		to be used for future annual report no	tification)
ror turther intermation	concerning this matter, please c	ali;	
Cheyenne Moseley		800 773-0888 at ()	
Name	e of Person	Area Code Daytir	ne 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 cupy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis	LING ADDRESS: stration Section ion of Corporations	STREET/COUR Registration Section of Corpor	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DARK RIVER CONSTRUCTION LLC				
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	.		
The Articles of Organization for this Limited Liability Company	were filed on 01/17/2023	and ass	igned	
Florida document number L23000030501				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	bhreviation "L.	L.C."	_
Enter new principal offices address, if applicable:	9200 NW 39th Ave., Ste. 130 - 3494			
(Principal office address MUST BE A STREET ADDRESS)	Gainesville, FL 32606			
				-
Enter new mailing address, if applicable:	9200 NW 39th Ave., Ste. 130 - 3494			
(Mailing address MAY BE A POST OFFICE BOX)	Gainesville, FL 32606			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		the name	of the	ne
				_
New Registered Office Address:	Enter Florida street address		202	-
	, Florida	Zip Code	2023 14 5	_
New Registered Agent's Signature, if changing Registered Agent:		**	, - 4	r
I hereby accept the appointment as registered agent and agri	ee to act in this capacity. I further ag	ree to compi	v Jyith	i the

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 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>	Name	Address	Type of Action
AMBR	Nolan, Kevin	28621 39th Dr	
		Branford, FL 32008	
			☐ Remove
			☐ Change
AMBR	NOLAN, TRENTON T	28621 39th Dr	D Add
		Branford, FL 32008	Remove
			Remove
			■ Change
			□ Add
			□ Remove
		****	Change
		<u>-</u>	Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			Remove
			Change

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	D.	If ar	nend	ing any other inform	nation, enter change(s) here: (Attach	additional sheets, if necessary.)	
			_				
							
							
						-	
							
							<u></u>
					· · · · · · · · · · · · · · · · · · ·		
	E. ((If an e <u>Note</u>	effectiv g If ti	e date is listed, the date m he date inserted in this l	e date of filing: ust be specific and cannot be prior to date of filiplock does not meet the applicable statuto. Department of State's records.	ing or more than 90 days after filing.) Parsuant	t to 605.0207 (3)(b) be listed as the
		400		Treating date (III tile)	or a series of come is the series.		
ı	If t (b)	he r	ecoro e 90	specifies a delaye th day after the re	ed effective date, but not an effectord is filed.	ctive time, at 12:01 a.m. on the	earlier of:
		Date	d	4/23/202	13		
				+			
					Signature of a member or authorized represe	entative of a member	

Page 3 of 3

Typed or printed name of signee

Trenton Nolan

Filing Fee: \$25.00