L23000056960

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USE PARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIOA

A. PARISHANI AUG - 3 2024

COVER LETTER

TO: **Registration Section** Division of Corporations N. Florida Development, LLC SUBJECT: 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: Brad Bond Name of Person N. Florida Development, LLC Firm/Company 2927 NW Nash Rd. Address Lake City, FL 32055 City/State and Zip Code cnstdevfl@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brad Bond Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

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N. Florida Development, 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 Comp	pany were filed on 01-31-2023	and assigned
Florida document number L23000056960		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
CNST DEV FL, LLC		
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 ADDRES.	<u>s)</u>	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>.</u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter t	he name of the new registe
agent and/or the new registered office address here.		
Name of New Registered Agent:		
Number of 1000 Addition		
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
	City	rida Zip Code

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 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
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(If an effecti Note: If (date, if other than ive date is listed, the dat the date inserted in the tr's effective date on the	te must be specific his block does n	c and cannot b not meet the	e prior to da applicable	te of filing or		days after	filing.) Pur		
f the record specord is filed.	pecifies a delayed efi	fective date, but	not an effec	tive time,	at 12:01 a.m	. on the ear	lier of: (b)) The 90	th day a	ifter the
Dated 07	-25		2024	_						
				11	3					
				AL 1	H					
		Signature o	of a member t	or authorized	representativ	ve of a memb	er			

Typed or printed name of signee