L23000083382

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	



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A. KIVENO

Office Use Only

AUG 1 4 2023

COVER LETTER

TO:

2118 IP 27		EXCAVATING LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	irn all correspo	ondence concerning this matter	to the following:	
		Victor duPont, Jr.		
			Name of Person	
		DUPONT EXCAVATING	G LLC	
Firm/Company				
		6442 COMMERCE PARK	C DRIVE, SUITE I	
			Address	
DUPONT EXCAVATING 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: Victor duPont, Jr. Name of Person DUPONT EXCAVATING LLC Firm/Company 6442 COMMERCE PARK DRIVE, SUITE 1				
			City/State and Zip Code	<u>.</u> .
For further	information c		·	micauon)
Victor dul	ont, Jr.			
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is	s a check for th	ne following amount:		
■ \$25.00) Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ection
			=	
1	ananassee, l	rl 32314	2415 N. Monro	be Street. Suite \$10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DUPONT EXCAVATING LLC	
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company were filed on 02/15/2023	and assigned
lorida document number L23000083382	
his 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."
nter 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)	
3. If amending the registered agent and/or registered office address on our records, entergent and/or the new registered office address here:	-1 C-3
gent und/of the new registered white address here.	
Name of New Registered Agent:	X C
Name of New Registered Agent.	
New Registered Office Address:	
Enter Florida street address	
	orida
City	= Zip Cöde

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 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
MMBR	VICTOR M DUPONT, Jr.	6442 COMMERCE PARK DRIVE, SUITE 1	□Add
		FORT MYERS, FL 33966	□Remove
		 	Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
		·	□Add
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			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Please update the first offi	icer to first name Victor, middle initial M., last name duPont and suffix Jr.	
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ffective date, if other than t	the date of filing: (optional)	
ote: If the date inserted in this	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 s block does not meet the applicable statutory filing requirements, this date will not be I be Department of State's records.	
record specifies a delayed effect is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day a	fter the
June 29	2023	
aica		
	1 TV / WILLIAM +# //	

Filing Fee: \$25.00

Typed or printed name of signee