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TALLAHASSEE, FLORIDA

2023 JUL 25 PM 3:

## **COVER LETTER**

Division of Cor	porations ·		· •
SUBJECT. MILLS	S Contracting SE	omers 1.1.C.	
SUBJECT: /WIRE	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Michael D	Name of Person	
	MIKES CONTRA	ACTING SERVICES	
		Hrm/Company	
	3145 DELAFA	1d AVE	
		Address	
	LAKE Placid	FLA · 33852 City/State and Zip Code	
	4.3	City/State and Zip Code	
	MI) PAW PAW W E-mail address: (i	Yahno. Com- o be used for future annual report notif	lication)
For further information c	oncerning this matter, please ca	all:	
Muchael Name o	D. Beals Person	at ( <u>361</u> ) <u>828-</u> Area Code Daytime	0473 e Telephone Number
Enclosed is a check for the	ne following amount:		
<b>⊠</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

TO:

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

FILED

MIKES CONTRACTING SE	PVICES	L.L.C.	2023 JUL 2	5 PH 3: 40
(Name of the Limited Liability Com (A Florida Limited	pany as it now: d Liability Com	appears on our restant)	(orus.)	
The Articles of Organization for this Limited Liability Compan			JEONITAN TALLAHASS 6/2023	Y Gr STATE SEE, FLORIDA _ and assigned
Florida document number <u>L 23000 2 0 5 8 9 6</u> .	•	_		_
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability compa	ny here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company.	" the designation "	LLC" or the abbru	eviation "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 agent and/or the new registered office address here:	e address on	our records, <u>er</u>	iter the name	of the new registere
agent und of the new registered office address nere.				
Name of New Registered Agent:				
New Registered Office Address:		_		
	Em	er Florida street ac	ldress	
			. Florida	
	City			Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:			

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 or removed	g Authorized Person(s) authorized to n from our records:	nanage, enter the title, name, and address of each	person being adde
MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the neffective date is listed, the date is	ie date of filing	:			(option	ıal)	_	
n effective date is listed, the date note:  If the date inserted in this cument's effective date on the	block does not m	eet the applica	able statutory	filing requirer	nents, this	late will r	not be li	isted as
ecord specifies a delayed effect is filed.	ive date, but not	an effective ti	me, at 12:01 a	i.m. on the ear	·lier of: (b)	The 90tl	h day ai	fter the
ted 7 · / 9 - 2023	·		<u> </u>					
Michi	Signature of a n	nember or autho	r orized represen	tative of a mem	ber			
Michael	np-1/	, 						