L23000267557

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor			σ.
CHBIE		S ARM CONSTRUCTION SE	PECIALTY CONTRACTORS LLC	•
SUBJE	-li <u> </u>	Name of Lim	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Randall Laws		
			Name of Person	
		GABRIEL'S ARM CONS	TRUCTION SPECIALTY CONTI	RACTORS LLC
			Firm/Company	
		4114 LILLIAN HWY		
			Address	233
		Pensacola FL 32506		
			City/State and Zip Code	: : :
		gabrielsarmconstruction@g	gmail.com	ن ــــــــــــــــــــــــــــــــــــ
		E-mail address: (to be used for future annual report not	
For furth	ner information c	concerning this matter, please c	eall:	9. 51
Randall	Laws		850 760-8620 at ()	; . 0.
	Name o	f Person		e Telephone Number
Enclosed	d is a check for t	he following amount:		
≅ \$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)
	Mailing Address Registration		Street Address: Registration Se	ection
	Division of C		Division of Co	
	P.O. Box 632	27	The Centre of	Fallahassee
	Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ted Liability Company as it now appears on our reco (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited L Florida document number <u>L23000267557</u>		and assigned
This amendment is submitted to amend the foll		
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "I.	L.C" or the abbreviation, "L.L.C."
Enter new principal offices address, if applic	able:	
Principal office address MUST BE A STREE		:
		<u>∵</u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	1 Q
B. If amending the registered agent and/or a agent and/or the new registered office addre	· 	ter the name of the new regis
Name of New Registered Agent:	RANDALL LAWS	
New Registered Office Address:	Enter Florida street add	Iress
	,	Florida
	City	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 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
MGR	Jacob Mattheiss	4114 LILLIAN HWYPENACOLA, FL 32506	□Add
			≣Remove
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	rd specifies a delayed effective date, but not an effective time, at 12:01 a. iled. 16-16-2023 Signature of a member or authorized representation of a printed page of signature of signature.	

Filing Fee: \$25.00