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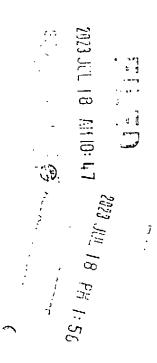
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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DATE:

07/18/23

NAME: LOVINGSON CONSTRUTION LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Se Division of Cor			
Lovingson	Constrution LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	·	
	Calcb Lovings		
		Name of Person	
	Lovingson Constrution LL	С	
		Firm/Company	
	6434 Lake Charlene ct		
		Address	 -
	pensacola FL 32506		
		City/State and Zip Code	
	Calcblovings0@gmail.com	to be used for future annual report n	estification)
For further information c	oncerning this matter, please ca		omeuron,
Caleb Lovings		850 3842258	
Name o	f Person	Area Code Days	ime Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	Section
Division of C	Corporations	Division of C	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lovingson Constrution LLC		
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
	bility Company were filed on 06/08/2023	and assigned
Florida document number L23000279184		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
Lovingson Construction LLC		· 2
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abb	
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	<u> </u>
		<u> </u>
		0
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	OX)	
		
	gistered office address on our records, enter the name	of the new registered
agent and/or the new registered office address	here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin 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>	Name	Address	Type of Action
			🗀 Add
			□Remove
			□ Change
		;	☐ Add ☐ Remove Co
			☐Remove
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Filing Fee: \$25.00