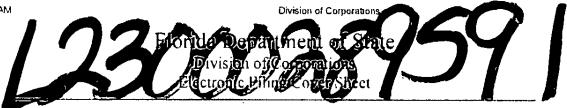
4/11/24, 9:35 AM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000132499 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I2001000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WE GOT THIS CONSTRUCTION LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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Help

T. LEMIEUX

APR 1 2 2024

### **COVER LETTER**

	egistration Se ivision of Cor			
SUBJECT		THIS CONSTRUCTION LLC		
SOBJECT	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Chayenne Moseley		
	•	<del></del>	Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company ·	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		DougasmithS7@gmail.com		
		E-mail address: (i	o be used for future annual report notifi	cation)
For further	information c	oncerning this matter, please ca	ili:	
Chevenne	Moscley		800 773-0888	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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 (##dditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WE GOT THIS CONSTRUCTION	N LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on our records Liability Company)	5.)			
The Articles of Organization for this Limited Liability Company were filed on 06/15/2023 and assigned Florida document number L23000289591						
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C"			
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:		3940 Whitehead Blvd.				
		Panama City, FL 32404				
		3940 Whitehead Blvd.				
Mailing address MAY BE A POST OFFICE BOX)		Panama City, FL 32404	202			
3. If amending the registered agent and	Vor registered of	Mice address on our records	enter the name of the			
egistered agent and/or the new registered o	ffice address her	<u>e</u> :	P			
Name of New Registered Agent:						
New Registered Office Address:	3940 Whitehea	<u> </u>	<del>o</del>			
	Panama City	Enter Florida street address				
	Panama City	City .	rida 32404 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

To:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	DOUGLAS A SMITH		D Add
			□ Remove
		3940 Whitehead Blvd. Panama City, FL 32404	■ Change
			Add
			☐ Remove
		<del></del>	□ Change
		<del></del>	□ Add
			Remove
			Change
			☐ Rcmove
		<del></del>	Change
<del></del>			Add
			□ Remove
		<del></del>	Change
			Remove
			☐ Change

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Typed or printed name of signee.

Filing Fee: \$25.00