LZ3000291258

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A. PARISHANI AUG 0 5 2023

COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	C-vouse Co.	struction 110	
SOBJECT.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	2023 JU!! 21 PH 2: 0
Please return all correspondence	ondence concerning this matter	to the following:	21 PI
	Daniel T	Name of Person	. 2:01
	Groves	Contracting LLC. Firm/Company	
	321 Pin	e Breeze Dr Address	
		City/State and Zip Code Sol C gynail Com to be used for future annual report noti	
For further information c	E-mail address: (concerning this matter, please c		fication)
Daviel T. Name o	Groves f Person	at (<u>407</u>) <u>951 -</u> Area Code Daytim	3727 e Telephone Number
Enclosed is a check for the	ne following amount:		
⅓25.00 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 Section Division of Corporations		Street Address: Registration Sec Division of Cor	porations
P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023	
12	
70	

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)	PH - ::
The Articles of Organization for this Limited Liability Company	were filed on June 16, 2023	and assigned
Florida document number <u>L23 000 291258</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	vice LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	WA	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N14	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records. <u>enter the name</u>	of the new registered
Name of New Registered Agent:	AIN	
New Registered Office Address:	Enter Florida street address	•
	, 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.

N A

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	Daniel T Graves	321 Pine Breeze DV	BAdd
		Edgewater, FL 32141	□Remove
			□Change
			□Add
			2027 Remove
			Change
			ਜ਼ੂ □ Add • O
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