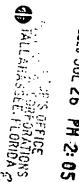
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(Requestor's Name)	
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7/26/2023

NAME:

Z & G EARTHWORKS LLC

TYPE OF FILING: AMENDMENT

COST:

60.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration So Division of Co			
•	フネ	6 Earthwor	do in	
SUBJI	ECT:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Zachary	Hennecke Name of Person	
			Firm/Company	
		5317 Ke	ruin Road	25 C S
		(resture	Address J FL 3253 City/State and Zip Code	
			City/State and Zip Code Works @ Gw to be used for future annual report noti	incotion)
For fur	ther information of	concerning this matter, please c		
70	XChary Name o	Honnecke	at (<u>&SO</u>) <u>218</u> -	- 2132 te Telephone Number
Enclos	ed is a check for t	he following amount:		
□ \$ 2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration		<u>Street Address:</u> Registration Se	ction
	Division of C	Corporations	Division of Co	rporations
	P.O. Box 632 Tallahassee,		The Centre of T	Tallahassee e Street, Suitc 810
	Tarimingsoch		_ , 10 ; 1. 1.101110	· · · · · · · · · · · · · · · ·

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited L	iv as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L23000291379</u>	<u>_</u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	<u> </u>
	\$ 6
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	idress on our records, enter the name of the new registere
Name of New Registered Agent:	
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 provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar with and covided for in Chapter 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
MGR	Zachary Hennecke	5317 Keruin Road Crestulew FL 32539	Add Remove
MGPL	Gregory Hennecke	5317 Kervin Road Crestulew FL 32539	□Change □ Add
AMBR	Gregory Hamecke	5317 Keruin Road Crestulen FL. 32539	☐ Change ☐ Add
			□Change
			Remove Remove Change Add
			□Remove
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ective date, if other than the date of filing:			((optional)		
n effective date is listed, the date must be specific and cannot be p te: If the date inserted in this block does not meet the ap	prior to date	of filing or mo	ore than 90 day	s after filing.) P	ursnant ill not l	to 605.0 se listed
cument's effective date on the Department of State's reco		,	, 1			
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cord specifies a delayed effective date, but not an effective filed.	ve time, at	12:01 a.m. c	n the earlier	oi: (b) Ine	yun oa	y after t
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Filing Fee: \$25.00