## L23000370918

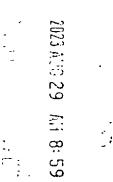
| (Requestor's Name)                      |
|-----------------------------------------|
|                                         |
| (Address)                               |
| ,                                       |
|                                         |
| (Address)                               |
|                                         |
| (City/State/Zip/Phone #)                |
|                                         |
| PICK-UP WAIT MAIL                       |
|                                         |
| (D. ) F. (S. ) (                        |
| (Business Entity Name)                  |
|                                         |
| (Document Number)                       |
|                                         |
| Certified Copies Certificates of Status |
| ·                                       |
|                                         |
| Special Instructions to Filing Officer. |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |

Office Use Only



300414472093

08/29/23--01026--014 \*\*25.00



y 9/11/2023



### \*\*\*IMPORTANT NOTICE\*\*\*

PLEASE SEND ALL DOCUMENTS –
APPROVED OR REJECTED TO THE ADDRESS
BELOW.

# INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

8/22/2023 11:56 AM FROM: Office Depot #2706 P. 1 / 4

#### **COVER LETTER**

| вјест: <u>RICHARD</u>       | JOHNSTON, LLC Name of Limited Liability Company                    |
|-----------------------------|--------------------------------------------------------------------|
| ra anatar ad Astichur af A  | arandment and foot of are submitted for tiles.                     |
| e chelosed Afficies of A    | mendment and fee(s) are submitted for filing.                      |
| ease return all correspond  | dence concerning this matter to the following:                     |
|                             | Corporate Maintenance Lead                                         |
|                             | Name of Person                                                     |
|                             | Processing Department                                              |
|                             | Firm Company                                                       |
|                             | 1450 Vassar St                                                     |
|                             | Address                                                            |
|                             | Reno, NV 89502                                                     |
|                             | City State and Zip Code                                            |
|                             | h-mail address: (to be used for future annual report notification) |
| For further information cor | neerning this matter, please call:                                 |
|                             |                                                                    |
| D                           | ng Department at (800 ) 638-2320                                   |

MAILING ADDRESS:

☐ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

☑ \$25.00 Filing Fcc

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

☐ \$60.00 Filing Fee.

Certified Copy (additional copy is enclosed).

Certificate of Status &

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

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

TO:

PHYSICAL: Dept. of State Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Tuesday, August 22, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

Articles of Amendment

For: RICHARD JOHNSTON, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

## Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502 8/22/2023 11:56 AM FROM: Office Depot #2706 P. 2 / 4

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 AUG 29 AN 8: 59

| RICHA                                                                                           | ARD JOHNSTON, LLC                                                                | 0                         |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------|
|                                                                                                 | oility Company as it now appears on our records.) ida Limited Liability Company) | TALL                      |
| The Articles of Organization for this Limited Liability                                         | Company were filed on 08/07/23                                                   | and assigned              |
| Florida document number <u>L23000370918</u>                                                     | ·                                                                                |                           |
| This amendment is submitted to amend the following:                                             |                                                                                  |                           |
| A. If amending name, enter the new name of the b                                                | mited liability company here:                                                    |                           |
| RICHARD JOHI                                                                                    | NSTON CONSTRUCTION, LLC                                                          |                           |
| The new name must be distinguishable and contain the words "f.                                  | imited Liability Company," the designation "LLC" or                              | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                                             |                                                                                  |                           |
| (Principal office address MUST BE A STREET ADd                                                  | DRESS)                                                                           |                           |
|                                                                                                 |                                                                                  |                           |
|                                                                                                 |                                                                                  |                           |
| Enter new mailing address, if applicable:                                                       |                                                                                  |                           |
| (Mailing address MAY BE A POST OFFICE BOX)                                                      |                                                                                  |                           |
|                                                                                                 |                                                                                  |                           |
| B. If amending the registered agent and/or registered agent and/or the new registered office ac |                                                                                  | nter the name of the new  |
| Name of New Registered Agent:                                                                   |                                                                                  |                           |
| New Registered Office Address:                                                                  |                                                                                  |                           |
|                                                                                                 | Enter Florida street address                                                     |                           |
| <u> </u>                                                                                        | Florid                                                                           | la                        |
|                                                                                                 | Ciņ                                                                              | 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

| 8/22/2023 11:56 AM | FROM: | Office | Depot | #2706 | Ρ. | 3 / |
|--------------------|-------|--------|-------|-------|----|-----|
|--------------------|-------|--------|-------|-------|----|-----|

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

4

| AMBR = Authorized Member |      |                                       |                |  |  |  |
|--------------------------|------|---------------------------------------|----------------|--|--|--|
| Title                    | Name | Address                               | Type of Action |  |  |  |
|                          |      |                                       |                |  |  |  |
|                          |      |                                       | Remove         |  |  |  |
|                          |      |                                       | □ Change       |  |  |  |
|                          |      |                                       |                |  |  |  |
|                          |      |                                       | ☐ Remove       |  |  |  |
|                          |      |                                       | ☐ Change       |  |  |  |
|                          |      |                                       |                |  |  |  |
|                          |      |                                       | Remove         |  |  |  |
|                          |      | · · · · · · · · · · · · · · · · · · · | □ Change       |  |  |  |
|                          |      |                                       |                |  |  |  |
|                          |      |                                       | Remove         |  |  |  |
|                          |      | <u> </u>                              | ☐ Change       |  |  |  |
|                          |      |                                       |                |  |  |  |
|                          |      |                                       | ☐ Remove       |  |  |  |
|                          |      |                                       | Change         |  |  |  |
|                          |      |                                       | Add            |  |  |  |
|                          |      | <del> </del>                          | □ Remove       |  |  |  |
|                          |      |                                       | □ Changa       |  |  |  |

| 8/22     | 2/2023        | 11:56 AM                                       | FROM:          | Office        | Depot          | #2706                                             | p.           | 4 / 4       |               |           |
|----------|---------------|------------------------------------------------|----------------|---------------|----------------|---------------------------------------------------|--------------|-------------|---------------|-----------|
| D. If an | nending an    | y other informat                               | ion, enter (   | change(s) h   | iere: (Atta    | ich additional                                    | l sheets, j  | f necessary | . <i>)</i>    |           |
|          |               |                                                |                |               |                |                                                   |              |             |               |           |
|          |               |                                                |                |               | •              |                                                   |              |             |               | -         |
| •        |               |                                                |                |               | <del> </del>   |                                                   |              |             |               | -         |
|          |               |                                                |                | <b></b>       |                | <del>, , , , , , , , , , , , , , , , , , , </del> |              |             |               | -         |
|          |               |                                                |                | ·-·           |                | <del>-</del> -                                    | <del>-</del> | <del></del> |               | •         |
|          |               |                                                |                |               |                |                                                   | <u> </u>     | <del></del> |               | -         |
|          |               |                                                |                |               |                |                                                   |              |             |               |           |
|          |               |                                                |                |               |                |                                                   |              |             |               |           |
|          |               |                                                | <u>.</u>       |               |                |                                                   |              |             |               | -         |
|          |               |                                                | <del></del>    | ·····         | <del></del> -  |                                                   | <del></del>  | , <u></u>   |               | -         |
|          |               |                                                | <del></del>    |               |                |                                                   |              | <u>.</u>    |               | -         |
|          |               |                                                |                |               |                | <u></u>                                           |              |             | •             | -         |
|          |               |                                                |                |               | ,              |                                                   |              |             |               | _         |
|          |               |                                                |                |               |                |                                                   |              |             |               |           |
|          |               |                                                |                |               |                |                                                   |              |             |               | -         |
|          |               |                                                |                |               |                |                                                   |              |             |               | -         |
|          |               |                                                |                | <u>-</u>      |                | . <u>.</u>                                        |              |             |               | -         |
|          |               |                                                |                |               |                | <del>.</del>                                      |              |             |               | -         |
|          |               |                                                |                | <del></del>   |                |                                                   |              | <del></del> |               | -         |
|          |               |                                                |                | K1/A          |                |                                                   |              |             |               |           |
| E. Effec | tive date, i  | if other than the o                            | date of filir  | ng: IV/A      | rior to data o | Cition or mara                                    | then 00 des  | (optional)  | Duranas to 60 | 502074346 |
| Note:    | : If the date | e inserted in this blo<br>trive date on the De | ck does not    | meet the app  | olicable stat  |                                                   |              |             |               |           |
|          |               | cifies a delayed<br>ly after the reco          |                |               | not an ef      | fective time                                      | e, at 12     | :01 a.m. d  | on the earli  | er of:    |
| Dated    | <u> </u>      | 14 6 80                                        |                | . <u>2023</u> | ·•             |                                                   |              |             |               |           |
|          | <del></del>   |                                                | Signature of a | i member or a | uthorized rep  | presentative of a                                 | ı menibei    |             |               |           |
|          | X             | ch I la                                        | hande          |               | ard Johns      |                                                   |              |             |               |           |
|          |               | - sand                                         |                | Typed or pi   | nnted name (   | of signee                                         |              |             |               |           |

Page 3 of 3

Filing Fee: \$25.00