## 0000091648

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

Office Use Only

Service Services



400423095714

63/65/24--01009--011 \*\*25.00

RECEIVED

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MAH TINKES CONCRETE and Mosonry LLC.  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Matthew Tinker Name of Person
Mott Tinker Concrete and mosing He.
557 Cedar Jone
Monticello FL. 32344  City/State and Zip Code  Mottinks Contrate and Masarra and Com  E-mail address: (to be used for future annual report nonfication).
For further information concerning this matter, please call:
Mother Tinks at (850) M55 4260  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moff Tinker Docretz.  (Name of the Limited Liability Compare (A Florida Limited L	MOSONTY LL ( 18 is it now appears on our records.) iability Company)	<u></u>
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>2/212024</u> 240000 91648	and assigned
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	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2 2
		3.
Enter new mailing address, if applicable:		اگ سم
(Mailing address MAY BE A POST OFFICE BOX)		100
		2.3
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name	of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del>	City , Florida	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Jessica Tinker	1/400 Copitala Rd.	🗆 Add
·		· 	(I) Remove
			□Change
			🗆 Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
		<del></del>	□Change
			□ Add
		<del></del>	□Remove
			Change
			□Add
			🗆 Remove
			□Change
			🗀 Add
			□Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an <u>Not</u>	effective date, if other than the date of filing: 21912624 (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ament's effective date on the Department of State's records.
f the received is	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	3/5/24 Signature of a member or authorized representative of a member
	Mother Tinkes  Typed or printed name of signee
	Watther linker

Filing Fee: \$25.00