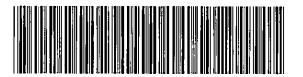
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SECRETARY OF STATE
ALLMASSEE FI ORINA

COVER LETTER

TO: Registration Division of C			
	neral Contracting LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Martin Clyatt		
		Name of Person	
	MSC General Contracting	LLC	
	-	Firm/Company	
	22721 N River Rd		
		Address	
	Alva, FL 33920		·
		City/State and Zip Code	
	steveelyatt@comcast.net	to be used for future annual report noti	fication)
For further information	n concerning this matter, please c		TCM(OII)
Martin Clyatt		239 851-1403	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 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 Add Registration Division of P.O. Box 6 Tallahassee	n Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MSC General Contracting LLC

(<u>Name of the Limite</u> (d Liability Company A Florida Limited Liab	<u>as it now appears on our reco</u> pility Company)	<u>rds.</u>)			
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{124000171503}{124000171503}$.		ere filed on 04/10/2024		_ and	assigi	ned
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabilit	y company here:				
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the designation "LI	LC" or the abbre	eviation	:"L.L.(2."
Enter new principal offices address, if applica	ble:		<u> </u>	ひ		<i>3</i> 1
Principal office address MUST BE A STREET	(ADDRESS)		<u> </u>	***		<u>:</u>
	-		<u> </u>		<u> </u>	
Enter new mailing address, if applicable:	_		EE, FL	P#	j D	
Mailing address MAY BE A POST OFFICE E	<u> </u>		TA TE ORIDA	<u>ယ</u> ယ		· <u>· · · · · · · · · · · · · · · · · · </u>
3. If amending the registered agent and/or re	gistered office add	iress on our records, ente	er the name o	of the	new r	register
ngent and/or the new registered office address						
Name of New Registered Agent:	Martin S. Clyatt					
New Registered Office Address:	22721 N River Rd					
-		Enter Florida street addr	'ess			
	Alva	, I	dorida 33920)		
		City		Zip Co	rde	

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
			□Add
		**************************************	□Remove
			□Change
			□Add
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fective date, if ot in effective date is list	her than the date of filined, the date must be specific an	ig:	of filing or more than 90 day	(optional) s after filing.) Pursuant to 605.0	0207 (
ote: If the date inse	erted in this block does not	meet the applicable sta	tutory filing requirement	s, this date will not be listed	d as t
eument's effective	date on the Department of	State's records.			
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is filed.	l	it all effective time, at	2.01 a.m. on the carrier	or. (b) The 90th day after	the
24/1	7/2024				
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Typed or printed name of signee