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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
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PICK-UF	WAIT MAIL
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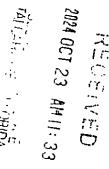
Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
	DESIGN & CONSTRUCTION	NLLC	
SUBJECT:	Name of Lin	nited Liability Company	
The section of A and 1 and			
	Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	to the following:	
	ADRIAN MIDDLETON.	ESQ	
		Name of Person	
	SWORD & SHIELD LLC		
		Firm/Company	
	1437 MARKET ST		
		Address	
	TALLAHASSEE, FL 323	12	
		City/State and Zip Code	
	BIZ@SWORDANDSHIFI		
Ese fireboe information		to be used for future annual report notific	autoni
roi iuimei information c	oncerning this matter, please c	au.	
ADRIAN MIDDLETON		850 815 0256 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sect	ion
Division of Corporations		Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASCEND DESIGN & CONSTRUCTION LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on Liability Company)	our records,)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned	
florida document number			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
	<u></u>		
Enter new mailing address, if applicable:		23 =	
Mailing address MAY BE A POST OFFICE BOX)			
		<u>्र</u> ज	
 If amending the registered agent and/or registered office; 	iddress on our recor	ds, <u>enter the name of the new regist</u>	
gent and/or the new registered office address here:			
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 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> MGRM	Name BARRY MINSKY	Address 3665 CARREL BLVD	Type of Action
		OCEANSIDE, NY 11572	————— □Add
			■Remove
			——— □Change
			————□Add
			□Remove
			————□Add
			□Remove
			Change
			———— □Add
			□Remove
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			□Change
			□Add
			□Remove
			□Change

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D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary,)
	charge(s) nere: (Attach additional sheets, if necessary,)
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E. Effective da	ite, if other than the data of file.
(If an effective of Note: If the	date is listed, the date must be specific and cannot be prior to date of filing (optional)
document's e	the, if other than the date of filing: 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) date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
If the record speci record is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated OCTO	DBER 16 2024
	/ LAVONDRIA COBB
	Signature of a member or authorized representative of a member
I.A	VONDRIA COBB
	Typed or printed name of signee