Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240002081713)))



Note: DO NOT hit the REFRESH RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES ETC INC

Account Number : I20070000159

Phone : (239)777-1028 Fax Number : (877)275-3593

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

SUPPORT@LICENSESETC.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D. GRAHAM CONSTRUCTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25,00

T. LEMIEUX

JUN 2 7 2024

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Help

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## **COVER LETTER**

(((H24000208171 3)))

TO: Registration S Division of Co	ection rporations		<b>(</b>
SUBJECTÝ	D. GRAHAM	CONSTRUCTION LLC	
50bJEC1:	Name of Lam	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
•	ondence concerning this matter		
i i i i i i i i i i i i i i i i i i i	Sincerce concerning this tillater	William Milliam Communication of the Communication	
	TODD BABBITT		
		Name of Person	
	LICENSES, ETC., INC.		
! "		Firm/Company	
	27911 CROWN LAKE BLV	'D	
		Address	· · · · · · · · · · · · · · · · · · ·
	BONITA SPRINGS, FL 341	135	
		City/State and Zip Code	<del></del>
Veg Qui in	SUPPORT@LICENSESETO	C.COM to be used for future annual report notific	entions
For tigther information :	concerning this matter, please co		
i or include information of	oncerning this matter, prease c	art.	
TODD BABBITT	en.	at (_239) 777-1029 Area Code Daytime	8 Telephone Number
Name (	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
<b>⊠</b> \$25.00 Filing Fee	S30.00 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)
•			
MailingAddres Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	StreetAddress: Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Hahassee Street, Suite 810

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board

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000208171 3)))

D. GRAHAI	M CONSTRUCTION LLC		
(Name of the Limited Liability (A Florida	Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	05/24/2024	and assigned
Florida document numberL24000241869	mpany were mea on		and assigned
riorida document numoci	<b>-</b> ·		
This amendment is submitted to amend the following:			•
A. If amending name, enter the new name of the limit	ted liability company her	<u>'e</u> :	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the de-	signation "LLC" or t	he abbreviation "L.I.,C."
Enter new principal offices address, if applicable:			21
(Principal office address MUST BE A STREET ADDR.	ESS)		<u> </u>
			28 1
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			* -
			.9
agent and/or the new registered office address here:  Name of New Registered Agent:			
New Registered Office Address:	Enter Florie	da street address	
		171 (.)	
<del></del>	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence accept the obligations of my position as registered againg filed to merely reflect a change in the registered company has been notified in writing of this change.  11	mplete performance of r ent as provided for in Ci	ny duties, and I hapter 605, F.S. y confirm that th	am familiar with and Or, if this document is e limited liability

(((H24000208171 3))) 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>	Name	Address	Type of Action
AMBR	EILEEN GRAHAM	6468 PEMBROKE WAY	<b> .X</b> ∫Add
		NAPLES, FL 34113	Remove
			□Change
			□Add
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JUNE 14  2024  Signature of a member or authorized representative of a member  DAN GRAHAM  Typed or printed name of signce					
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