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COVER LETTER

TO:

Tallahassee, FL 32314

	tration Section of Cor			
SUBJECT: N	MENSER F	FAMILY CONSTRUCTION L	L.C	
			ited Liability Company	
The enclosed A	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return a	li correspo	ndence concerning this matter	to the following:	
		Hunter Menser		
			Name of Person	
		Menser Family Construction	on L.L.C	
			Firm/Company	
		36 Beech Lane		
			Address	
		Defuniak Springs , Fw	City/State and Zip Code	
			City/State and Zip Code	
		hunter.menser@gmail.com E-mail address: (i	to be used for future annual report notif	fication)
For further info	ormation co	oncerning this matter, please ca	all:	
Hunter Mense	r		at (850) 7379434	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a c	heck for th	e following amount:		
□ \$25.00 Fil	ing Fee	S30.00 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)
	ng Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
	Box 632	-	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MENSER FAMILY CONSTRUCTION L.		
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our records da Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 07/25/2024	and assigned
Florida document number 1.24000329861		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation: "L.L.C."
Enter new principal offices address, if applicable:		7
• •		<u></u>
(Principal office address MUST BE A STREET ADD	RESS)	
		٠ ٠. د ي
Enter new mailing address, if applicable:		J
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here:		he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Fla	rida
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Charles Menser	88 McHenry Road	⊡ Add
		Defuniak Springs, Florida 32433	□Remove
			Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			Remove
			
	 		□ Add
			Remove
			Change
			
			Remove
			Change

_	Junter Menser 50% Ownership
	Charles Menser 50% Ownership
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an eff <u>ote:</u>	ive date, if other than the date of filing:
ecor is fi	d 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 ed.
sted	08/12/2024
acca	
	I_{I}

Typed or printed name of signee