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Registration Section

TO:

Division of Corp	porations		
Lady Blue C	Construction LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The aristo of Articles of	Amendment and feets) are sub-	nitted for filing	
Please return all correspor	idence concerning this matter t	o the following:	
	Laura II Keadle		
		Name of Person	
	Lady Blue Construction LL		
		Firm/Company	
	12633 SE 3rd Place		
		Address	
	Gainesville FL 32641		
		City/State and Zip Code	
	ladyblueconstruction@gmai	1.com	19-man de 1
	E-mail address: ()	o be used for future annual report not	Hication)
For further information co	oncerning this matter, please ca	ıll:	
Laura Keadle		352 339-6739	
Name o	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	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 Division of C	Section Corporations	Street Address: Registration So Division of Co	rporations
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

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

LADY BLUE CONSTRUCTION LLC

FILED 2024 SEP 13 PH 2: 02

(A Florida Limited	Liability Company) SFORETS
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.24000339425}{1.24000339425}$	SECRETAN OF STATE TALLAHAS SEE as Figured
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is \sim
H Cha	anging 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
MGR	Laura II Keadle	12633 SE 3rd Place Gainesville FL 32641	= Add
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			□Change
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fective date, if other than the an effective date is listed, the date munter. If the date inserted in this becament's effective date on the D	ock does not meet the ap	plicable statutory fi	(option of the control of the contro	onal) (tiling.) Pursuant to 605.02 (s date will not be listed)
ecord specifies a delayed effectivistiled.	re date, but not an effecti	ve time, at 12:01 a.i	n, on the earlier of: (b) The 90th day after th
September 13	2024			
Kleal	ll	- , -		
	Signature of a member or	authorized represental	ive of a member	

Filing Fee: \$25.00