L21000406083

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





600410691586

06/20/23--01015--017 **25.00

2023 USE 20 AM 9: 47

A. PARISHANI AUG 0 5 2023

COVER LETTER

TO: Registration S Division of Co					
Big Hoss	Landworx, LLC				
SUBJECT:	SUBJECT: Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	٠ - ر		
Please return all corresp	pondence concerning this matter	to the following:	10 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		
	Brandon Strobo		,		
		Name of Person			
	Big Hoss Landworx LLC		, t		
		Firm/Company			
	9403 Sonya Circle				
		Address			
	Panama City Beach, FL 3	2407			
		City/State and Zip Code			
	brandon@bighosslandworx				
		to be used for future annual report not	ification)		
For further information	concerning this matter, please of	rall:			
Brandon Strobo		850 6373907 at ()			
Name	of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Address:	action		
Registration Division of	Corporations	Registration Section Division of Corporations			
P.O. Box 63		The Centre of 7			
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Big Hoss Landworx, LLC	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) preparation for this Limited Liability Company were filed on 9/14/2021 and assigned to number L21000406083 is submitted to amend the following: name, enter the new name of the limited liability company here: g, LLC be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." expand offices address, if applicable: address MUST BE A STREET ADDRESS) ng address, if applicable:	
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) orda Limited Liability Company)	9:
The Articles of Organization for this Limited Liability	y Company were filed on 9/14/2021	and assigned
Florida document number L21000406083		
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
Strobo Contracting, LLC		
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address her		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	_	
	, Florid: , Florid:	a 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
			□ Add
			Remove
			□ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Add 90 4- □Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□ Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change

							
						·:	2 1123 J'IN
	_						J 111 2:
•••		· ·	y es			· .	<u> </u>
							9: 47
				 .			
41.	 						
							
	-1-4				-		
	<u></u>			<u>, </u>			
Effective date, if other that (If an effective date is listed, the da Note: If the date inserted in document's effective date on	te must be specif his block does	fic and cannot be pr not meet the app	licable statuto	ng or more than 90 or ry filing requireme	_ (optional) ays after filing.) ents, this date v	Pursuant vill not l	to 605.0207 (be listed as th
he record specifies a delayed el ord is filed.	Tective date, bu	it not an effective	e time, at 12:0	a.m. on the earli	er of: (b) The	90th da	y after the
Dated June 12		2023					
		1.2		intative of a member			

Filing Fee: \$25.00

Typed or printed name of signee