

M23000000866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

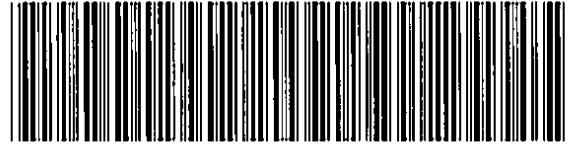
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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2023 AUG 24 PM 12:40

STATE BAR OF FLORIDA
DIVISION OF CORPORATIONS

RECEIVED
2023 AUG 24 AM 10:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 08/24/2023
 Acc#120160000072

W: C SW

Name:	FORT MYERS CONSTRUCTION, LLC
Document #:	
Order #:	15093805

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:		2023 AUG 24 PM 12:40 DIVISION OF CORPORATE STATE
		Number of Certs:		

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notification

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fort Myers Construction, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matilde Robinson
Name of Person

Forth Myers Construction, LLC
Firm/Company

3200 Earhart Dr.
Address

Carrollton, Texas 75006
City/State and Zip Code

matilde.robinson@onxhomes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matilde Robinson at (281) 536-3747
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

11:10
 DEPT. OF STATE
 DIVISION OF CORPORATIONS
 2023 AUG 24 PM 12:40

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Fort Myers Construction, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M23000000866

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: January 24, 2023

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent 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

2023 AUG 24 PM 12:40

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TALLAHASSEE
DIVISION OF CORPORATIONS

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Authorized Person

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Timothy H. Daniel	3200 Earhart Dr.	<input type="checkbox"/> Add
		Carrollton, Texas 75006	<input checked="" type="checkbox"/> Remove
AP	Brendan Franich	3200 Earhart Dr.	<input checked="" type="checkbox"/> Add
		Carrollton, Texas 75006	<input type="checkbox"/> Remove
AP	Vijay Saproo	3200 Earhart Dr.	<input checked="" type="checkbox"/> Add
		Carrollton, Texas 75006	<input type="checkbox"/> Remove
AP	Ron Fields	3200 Earhart Dr.	<input checked="" type="checkbox"/> Add
		Carrollton, Texas 75006	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

BDF

 Signature of the authorized representative
 Brendan Franich

 Typed or printed name of signee

2023 JUN 24 PM 12:40
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

Filing Fee: \$25.00