L06000027050

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



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04/14/10--01025--004 **\$5.00

10 APR 26 PM 3: 53 SECNEINEY OF STATE ATTAMASSEF: FLORID

S. HAWKES

APR 2 2010

EXAMINER



### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 16, 2010

RICHARD ANDERSON 800 NEBRASKA AVE PALM HARBOR, FL 34683

SUBJECT: FOUR SQUARE CONSTRUCTION, LLC

Ref. Number: L06000027050

We have received your document for FOUR SQUARE CONSTRUCTION, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 910A00009429

# **COVER LETTER**

Division of Co	rporations			
SUBJECT:	FOUR SQUARE	CONSTRUCTION,	LLC	
		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	R	ICHARD ANDERSON		
		Name of Person		
		Firm/Company		
	8	300 NEBRASKA AVE		
		Address		
	PAI	LM HARBOR, FL 3468	33	
		City/State and Zip Code		
	E mail address:	rja800@gmail.com to be used for future annual repo	et notification)	
For further information	concerning this matter, please of	•	it ionication,	
RICHA	ARD ANDERSON	at (727_)	678-1219	
Name	of Person	Area Code & I	Daytime Telephone Numbe	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	te of Status &

**MAILING ADDRESS:** 

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FOUR SQUARE CONSTRUCTION, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

<b>,</b>		,	Right T
The Articles of Organization for this Limited Liability Company	y were filed on _	MARCH 14,2006	and assigned
Florida document numberL06000027050			ROSE
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company	here: THE	PROS, I
THE CONSTRUCT	TON PROS	1c	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Cor	npany," the designation "E	Cor the abbreviation
Enter new principal offices address, if applicable:	800 NEBR	ASKA AVE	
(Principal office address MUST BE A STREET ADDRESS)	PALM HAF	RBOR, FL 34683	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	·		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		n our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addi	ress
		, 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGK'= Manager MGRM = Managing Member

<u>Fitle</u>	Name	<u>Address</u>	Type of Action
MGR	CHRIS SCOTT	5753 10TH AVE	≥        
<del></del>		NEW PORT RICHEY, FL 34652	₩ move
			R 26
			To Remove
			3: 53
			□ Add .
			Remove
			<del></del>
			<b></b>
<del></del>			Add Remove
<del></del>			AddRemove
			Add ☐Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if neces	ssary.)
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	<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
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_		O(1/1)	
Dated	APRIL 13	2010/1/	
		Tall / 1991/	
	5'		
	Signature ova	member or authorized representative of a member	
		RICHARD ANDERSON  Typed or printed name of signee	
	V	Page 2 of 2	
		Filing Fee: \$25.00	