## L16000146775

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    | -           |
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SEP 2 6 2016

S. YOUNG

## **COVER LETTER**

| Divisio            | on of Corporations   |                  |
|--------------------|--|------------------|
| SUBJECT:           | BATTLE MECHANICAL SERVICES LLC   | ·                |
|                    | Name of Limited Liability Company  |                  |
| The enclosed Art   | rticles of Amendment and fee(s) are submitted for filing.  |                  |
| Please return all  | correspondence concerning this matter to the following:  |                  |
|                    | JOHN W. BARBER, III  |                  |
|                    | Name of Person BATTLE MECHANICAL SERVICES LLC  |                  |
|                    | Firm/Company 5755 MACY AVENUE  | 二 医络             |
|                    | Address  JACKSONVILLE, FLORIDA 32211   | 16 STP 23        |
|                    | City/State and Zip Code Trip@Barberjax.com   | TEST COLUMN      |
|                    | E-mail address: (to be used for future annual report notification)   |                  |
| For further inform | mation concerning this matter, please call:  | ₹*               |
| JOHN V             | W. BARBER, III at (904 ) 759-2796  |                  |
|                    | Name of Person Area Code Daytime Telephone Number  |                  |
| Enclosed is a che  | eck for the following amount:  |                  |
| □ \$25.00 Filing   | g Fee Solution   Salution   Salut | f Status &<br>oy |
|                    |  |                  |

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

|   | BATTLE MECHANICAL SERVICES LLC  |                                |  |
|---|---|--------------------------------|--|
|   | (Name of the Limited Liability Company as it now ap<br>(A Florida Limited Liability Compa | pears on our records.)<br>ny)  | <del></del>  |
| The Articles of Organization Florida document number    | for this Limited Liability Company were filed or L16000146775                             | 8/10/16                        | and assigned   |
| This amendment is submitted                             |   |                                |  |
| A. If amending name, enter                              | the new name of the limited liability compan  | y here:                        |  |
| The new name must be distinguished                      | ble and contain the words "Limited Liability Company," t                                  | the designation "LLC" or the a | abbreviation "L.L.C."  |
| Enter new principal offices                             | address, if applicable:   |                                |  |
| (Principal office address MU                            | ST_BE A STREET ADDRESS)   |                                | tong to fi   |
|   |   |                                | 75 FEB   |
|   |   |                                | THE STATE OF THE S |
| Enter new mailing address,                              | if applicable:  |                                | S ME   |
| (Mailing address MAY BE A                               |   |                                | 7 1120   |
|   |   |                                | N 25   |
|   |   |                                |  |
| B. If amending the regist registered agent and/or the i | ered agent and/or registered office address<br>new registered office address here:        | on our records, enter          | the name of the new  |
| Name of New Regis                                       | ered Agent:   |                                |  |
| New Registered Offi                                     | ce Address:   |                                |  |
|   | Enter 1   | 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

## 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>         | <u>Address</u>                                  | Type of Action                            |
|--------------|---------------------|---|---|
| MGR          | BARBER, TRIP W, III | 5755 MACY AVENUE<br>JACKSONVILLE, FLORIDA 32211 | 🗀 Add                                     |
|              |                     |   | Remove                                    |
|              |                     |   | Change                                    |
| MGR          | BARBER, JOHN W. III | 5755 MACY AVENUE<br>JACKSONVILLE, FLORIDA 32211 | [3] Add                                   |
|              |                     |   | □ Remove                                  |
|              |                     |   | Change                                    |
|              |                     |   |   |
|              |                     |   | Remove                                    |
|              |                     |   | 23 66 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
|              |                     |   | 7.5 [0]<br>D Add                          |
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|              |                     |   | ☐ Remove                                  |
|              |                     |   | Change                                    |
|              |                     |   | Add                                       |
|              |                     |   | Remove                                    |
|              |                     |   | ☐ Change                                  |

| Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and camot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.  Dated September 20, 3016  | The state of the s |  |             |
|--|--|--|-------------|
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| Effective date, if other than the date of filing:  |  |  | <u>-</u> (2 |
| Effective date, if other than the date of filing:  (optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.  Dated September 20, 3016  |  | · · · · · · · · · · · · · · · · · · ·                                |             |
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| Effective date, if other than the date of filing:  |  |  |             |
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| Same de la constant d |  | effective time, at 12:01 a.m. on the earlier                         | of:         |
| Signature of a member or authorized representative of a member   | Dated September 20, 3016   |  |             |
| Signature of a member or authorized representative of a member   | ( / 8,   |  |             |
|  | Signature of a member or authorized  | representative of a member   |             |
|  | JOHN W. BARBER, III  |  |             |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00