## L02000024417

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



200215141362

12/19/11--01043--012 \*\*60.00

FILED
2011 DEC 19 PH 1: 42
DECIL DARY OF STATE ALLAHASSEE, FLORIDA

T. HAMPTON

EXAMINER

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations					
SUBJECT:	CARTER CONSTR	RUCTION MANAGEME	NT		
SUBJECT.		ited Liability Company	<del>523</del>		
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corres	pondence concerning this matter	r to the following:			
		STEVEN R. CARTER			
	Name of Person				
	STEVEN R. CARTER INC.				
		Firm/Company			
	4	4827 SAN MIGUEL ST.			
		Address			
		TAMPA FL 33629 City/State and Zip Code	<u>,, </u>		
		IC@TAMPABAY.RR.COM			
		to be used for future annual report notif	cation)		
For further information	concerning this matter, please of	caii:			
	VEN R. CARTER	at ( 813 ) Area Code & Daytim	244-0337		
Name	Official	Area Code & Daytiin	receptore Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regis Divis P.O.	LING ADDRESS: stration Section cion of Corporations Box 6327 hassee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2 2011 DEC 19 PM 1: 42

CARTER CONSTRUCTION MANAGEMENT

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

(A Florida Limited Liability Company)

The Articles of Organization (	for this Limited Liability Company	were filed on	March 07 2011	and assigned	
Florida document number	L02000024417				
This amendment is submitted	to amend the following:				
A. If amending name, enter	the new name of the limited liab	ility company he	ere:		
	Anti-Ballistic Cor	ncepts L.L.C.			
The new name must be distingu "L.L.C."	ishable and end with the words "Limi	ted Liability Comp	pany," the designation "LI	.C" or the abbreviation	
Enter new principal offices a	address, if applicable:				
(Principal office address MU	ST BE A STREET ADDRESS)				
			•		
Enter new mailing address,	if applicable:				
(Mailing address MAY BE A	POST OFFICE BOX)	<del></del>			
				·	
	ered agent and/or registered of new registered office address here		our records, <u>enter th</u>	e name of the new	
Name of New Regist	tered Agent:				
New Registered Offi	ce Address:				
		Enter Florida street address			
	<u></u>	, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member ŧ

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CARTER, CAROL R.	4309 CAMERON ST. TAMPA, FL 33611	☐ Add ✓ Remove
MGRM	ELLINGSON, ROCKY	28739 RALEIGH PLACE WESLEY CHAPEL FLORIDA 33545	Add Remove
			Add Remove
<del></del>	<del></del>		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	FILED 2011 DEC 19 PM 1: 42 SECULARY OF STATE TACHAHASSER FLORID
Dated	,		
	_	r or authorized representative of a member	04
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00