LD3000041529

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT A	/AiL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
•	1
	1
	}
	1

Office Use Only



700057781817

700057781817 08/10/05--01021--018 **25.00

SECRETARY OF STATE OF CORPORATIONS DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

Divisi	on of Corp	orations		
SUBJECT:	Mixe	n Construction	TTC	
			imited Liability Company)	
The enclosed A	articles of A	amendment and fee(s) are so	ubmitted for filing.	
Please return al	ll correspon	dence concerning this matte	er to the following:	
		Joel Mixen		
			(Name of Person)	· · · · · · · · · · · · · · · · · · ·
	ř	Mixen Construct	ion	
			(Firm/Company)	
	8	369 Robin Hood	Drive	
			(Address)	
	T			
		<u>ernandina Beac</u> (Ciŋ	h FL 32034 y/State and Zip Code)	v
For further info	rmation co	ncerning this matter, please	call:	
Me	lanie	Mixen (Name of Person)	at (904) 7532 (Area Code & Daytime	665 Telephone Number)
			(-
Enclosed is a che	ck for the fo	llowing amount:		
%_\$25.00 Filing	Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Contificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

TO:

Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(Present Name)		
	(A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on 10-24-2003 and assigned document number 103000041529		
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted by the liability company:	limite	æd
	Please remove Christopher Lole- 2014 BeachWood Fernan	ndin	a
	Beach FL 32034 as a managing member of Mixen Construc	tio	n
	LLC.		
		05 AUG 10 PM 12: 0	SEGRETARY OF STA
		<u>:</u>	ATENS
Dated _A	gust 2		0,
	Signature of a member or authorized representative of a member	-	
	Joel Mixen		
	Typed or printed name of signee	<u>-</u>	

Filing Fee: \$25.00