

L03000047866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

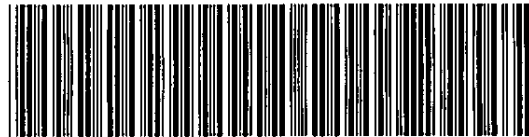
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FALLS, FLORIDA

16 AUG 15 AM 7:21

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

16 AUG 15 AM 11:45

RECEIVED
OPERATIONS UNIT

AUG 16 2015
J. HARRIS

AUSLEY McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560

DIRECT DIAL - (850) 425-5306
REAL ESTATE FAX - (850) 222-7139

August 15, 2016

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

SENT VIA HAND-DELIVERY

Re: Amendment to Articles of Organization for Faircloth Construction, LLC
Document Number: L03000047866

Dear Sir/Madam:

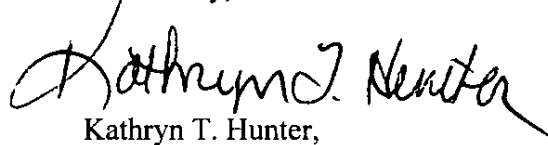
Please find enclosed the following documents for filing with your office:

1. Florida SOS Cover Letter form; and
2. Articles of Amendment to Articles of Organization of Faircloth Construction, LLC

We would like a certified copy of the Articles of Amendment; an additional copy is enclosed for such purpose. Also enclosed is our firm's check in the amount of \$55.00 for the filing fee and certified copy. Please return the certified copy to me in the enclosed envelope.

Thank you for your assistance. Please let me know if you have any questions.

Yours truly,


Kathryn T. Hunter,
Paralegal

/kth
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FAIRCLOTH CONSTRUCTION, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

M. Julian Proctor, Jr.

Name of Person

Ausley & McMullen, P.A.

Firm/Company

P.O. Box 391

Address

Tallahassee, FL 32302

City/State and Zip Code

jproctor@ausley.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

M. Julian Proctor, Jr.

850 425-5300
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|---|--|

MAILING ADDRESS:
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**

FAIRCLOTH CONSTRUCTION, LLC

(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 November 25, 2003 and assigned
Florida document number L03000047866.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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)

B. If amending the registered agent and/or registered office 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: Patricia T. Faircloth

New Registered Office Address: 3675 Pine Tip Road

Enter Florida street address

Tallahassee, Florida 32312

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>	<u>Type of Action</u>
MGRM	Patricia T. Faircloth	3675 Pine Tip Road	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	James R. Faircloth	3675 Pine Tip Road	<input type="checkbox"/> Add
		Tallahassee, FL 32312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

16 JUN 10 AM 7:21
STATE OF FLORIDA
OFFICE OF THE ATTORNEY GENERAL

[illegible]

(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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated August 12, 2016.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

DATE 15 JAN 7:21
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535