# L0300057258

(Re	questor's Name)	,		
(Ad	dress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			

Office Use Only



200081034322

\*\*50.00 FILE 50.00 -2 PM 2: 58

SECRETARY OF STANCE FLORIUS



# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Reese Contracting 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:	
Chester Reese (Name of Person)  Reese Contracting LLC (Firm/Company)	
Reese Contracting LLC (Firm/Company)	
PoBox 835 (Address)	
Carrabelle FC 32322 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Chester Reese at 850, 228-9060 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$55.00 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

FIRST:	The Articles of Organization were filed on 5/06/2005 and assigned document number 60 300005 72 58		
SECOND:	This amendment is submitted to amend the following:		
to	Amend Principal, Registered agent: 165 Kendrick Road Am Carrabelle, FC 323	+mgrm 22	address
	ANA CUITABLIC SCS	<u> </u>	
	Amend Mailing address P.O. Box 835	70	
	Carrabelle FL 32322		
		TA'S	_
		ECRE TO	os vov
Dated	11/2,2006.	ARY OF 37 SSEE, FLO	_
		TALL ORIDA	
	Signature of a member or authorized representative of a member		
	Chester Reese		
	Typed or printed name of signee		

Filing Fee: \$25.00