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**EXAMINER** 



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SECRETARY OF STAIL

## **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT: LDRS Construction Company, 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:					
		Sutton (Name of Person)  NSTruction Comport (Firm/Company)	iny, UC		
	P.O. Box	3577 (Address)	<del></del>		
	Riverview	FL 32568-39 (City/State and Zip Code)	577		
For further information concerning this matter, please call:					
	Sutton (Person)	at ( <u>f13)</u> 235 - 37 (Area Code & Daytime T	OS elephone Number)		
Enclosed is a check for the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status &		

**MAILING ADDRESS:** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SECRETAR DIVISION OF L	LEG Y OF STAIR DROWN ARS
08 DEC -4	PM 12: 1.0

Name of the Limited Liability (A Florida L	UCTION Company, LLC Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
-				
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	<del></del>			
(Principal office address MUST BE A STREET ADDR	ESS)			
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	LDRRS Construction Co., LLC P.O. BOX 3577 RIVERVIEW, FL 33568-3577			
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ess here:			
	Candall Sutton			
New Registered Office Address: 136	(Enter Florida street address)			
	(City), Florida (Zip Code)			
Naw Dagistavad Agant's Signatura if shanging Dagistavad				

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 <u>Title</u> <u>Name</u> **Address** Type of Action Add Remove □ Add Remove 🗂 Add Remove Add Remove □ Add Remove Add 🗖 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) address. thanks! Dated Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00