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(Re	questor's Name)	
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M. MILLIGAN OCT 2 0 2018

COVER LETTER

TO:	Registration Sec Division of Cor			
end n		C TEEPLE L.L.C.		
SUDJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		WILLIAM C TEEPLE		
		W.C. TEEPLE CONTRAC	Name of Person TOR L.L.C.	
		2172 CUNNIGHAM DR	Firm/Company	
		CLEARWATER FL 33763	Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please c	all:	
WILL	IAM C TEEPLE		727 733-2937	
	Name o	f Person	at ()	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	5.00 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 & Certified Copy (additional copy is enclosed)
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		1
The Articles of Organization for this Limited Liability Company were filed on 09/22/2004	and assigned	
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 abbre 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 registered agent and/or the new registered office address here:	e name of the	new
Name of New Registered Agent:		
New Registered Office Address: Enter Florida street address		_
, Florida	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CLINTON E TEEPLE	2172 CUNNIGHAM DR CLEARWATER FL33763	Add
			☐ Remove
			□ Change
			Add
			Remove
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		10/03/2018				
			ate of filing or more th	(optional) an 90 days after filing	.) Pursuant to 60	05.020 ted as
an effective date is listed, the de Note: If the date inserted in to locument's effective date on e record specifies a de	te must be specific and chis block does not me the Department of States ayed effective da	et the applicable ate's records.				
Offective date, if other that an effective date is listed, the date inserted in the document's effective date on the record specifies a death of the 90th day after the October 3	te must be specific and chis block does not me the Department of States ayed effective da	et the applicable ate's records.				

Page 3 of 3

Filing Fee: \$25.00