

L0400007485a

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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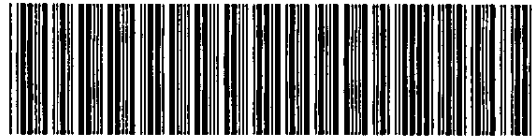
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 01 2013
D. BUTLER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **W. Brown Designer and Contracting L.L.C.**

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:

Jerry Croom

Name of Person

W. Brown Contracting L.L.C.

Firm/Company

5521 Soutel Drive

Address

Jacksonville, FL 32219

City/State and Zip Code

croom45@gmail.com

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

For further information concerning this matter, please call:

Jerry Croom

904 874-3298

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 type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" 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

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TALLAHASSEE, FLORIDA



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

W. Brown Designer and Contractor L.L.C.

(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 10/15/2004

Florida document number L04000074852

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This amendment is submitted to amend the following:

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

W. Brown Contractor L.L.C.

The new name must be distinguishable and end with 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)

5521 Soutel Drive

Jacksonville, FL. 32219

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:

Jerry Croom

New Registered Office Address:

5521 Soutel Drive

Enter Florida street address

Jacksonville

City

, Florida 32219

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 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.

Jerry Croom
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

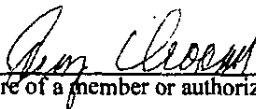
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jerry Croom	5521 Soutel Drive	<input checked="" type="checkbox"/> Add
		Jacksonville, FL. 32219	<input type="checkbox"/> Remove
MGRM	TANYA NORENBURG	5521 Soutel Drive	<input checked="" type="checkbox"/> Add
		Jacksonville, FL. 32219	<input type="checkbox"/> Remove
MGR	Brown, Willie L.		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

13 JUL 2013
1611 AM
JACKSONVILLE, FL 32219

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated July 22, 2013



Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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