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SECRETARY OF STATE
SECRETARY SEE. FLORES

J. BRYAN
JUL 1 7 2012
EXAMINER

COVER LETTER

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Tallahassee, FL 32314

TO:

TO:	Registration Se Division of Con						
SUBJE	CCT:	Kevin	Fuqua LLC				
5000			ted Liability Company		<u> </u>		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:			2812 JUL 16 PH 3: 20 SECRETARY OF STATE	1
			Thomas K Fuqua			115	-
			Name of Person			SEE	_
			Kevin Fuqua LLC			Fest	•
		· · · · · · · · · · · · · · · · · · ·	Firm/Company			岩温と	
			6166 Barnes rd			of the second se	
			Address				
		ı	Crestview, FL 32536				
			City/State and Zip Code		············		
		F-mail address: (evinf454@gmail.com to be used for future annual rep	ort notification	<u>)n)</u>		
For fur	ther information of	concerning this matter, please of		on nonnean	,,,,		
	K	(evin Fuqua	at (850)	58!	5-1243		
	Name (of Person		Daytime Tel	lephone Number	•	
Enclos	ed is a check for t	the following amount:					
	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed)	Certified	te of Status &	
	Regist Divisi	LING ADDRESS: tration Section on of Corporations	Registratio Division of	n Section f Corporatio	ADDRESS:		
P.O. Box 6327		Clifton Bui					

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALCO MASSING PROPERTY OF THE P Kevin Fugua LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 02/03/2005 The Articles of Organization for this Limited Liability Company were filed on L05000011560 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Kevin Fuqua Construction LLC 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) 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: New Registered Office Address: Enter Florida street address Zip Code City

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	<u>Name</u>	<u>Address</u>	Type of Actio
	 		
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. If amen	ding any other informatio	n, enter change(s) here: (Attach additional shee	ets, if necessary.)
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	July 11		
	0	Thomas H.O. Jung	<u>Ma</u>

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