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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IVEY MCCLAIN CONSTRUCTION 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:

WILLIAM IVEY MCCLAIN

Name of Person

IVEY MCCLAIN CONSTRUCTION LLC

Firm/Company

4749 NW County Road 274

Address

Altha, Florida 32421

City/State and Zip Code

iveybuilt@gmail.com

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

For further information concerning this matter, please call:

WILLIAM IVEY MCCLAIN

850

630-8805

at (_____) _____

Name of Person

Area Code

Daytime Telephone 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 &
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

IVEY MCCLAIN CONSTRUCTION LLC

(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 05/26/2005 and assigned
Florida document number L05000052329.

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 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
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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 attending, authorized person(s) authorized to manage, enter the title, name and address of each person, or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of A</u>
MGRM	Adkins, Daniel Dwight	16627 NE Jim Godwin Rd	<input type="checkbox"/> Add
		Altha, Florida 32421	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Adkins, Daniel Lee	16627 NE Jim Godwin Rd	<input type="checkbox"/> Add
		Altha, Florida 32421	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Barfield, Bobby Ray III	4740 NW Baker Rd	<input checked="" type="checkbox"/> Add
		Altha, Florida 32421	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	O'Bryan, Samuel Steven	14832 NW Barton Ln	<input checked="" type="checkbox"/> Add
		Altha, Florida 32421	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. A dimension ≥ 1 of the kernel of \mathcal{H}_0 is called a *kernel dimension* of \mathcal{H}_0 . (The kernel dimension of \mathcal{H}_0 is the dimension of the kernel of \mathcal{H}_0 .)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.01

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated _____, _____.

Signature of a member or authorized representative of a member 9/9/2019

WILLIAM IVEY MCCLAIN

Typed or printed name of signee