## LU5000075346

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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## **COVER LETTER**

TO: Registration Se Division of Cor			,	
. Nettle Cred	ek Construction, LLC		y see	
SUBJECT:				
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		<b>70</b> 7
Please return all correspo	ondence concerning this matter	to the following:		1022 AUG -5 SECRETAR' TALLAHA
	Candace Hollada	y, Pres.		
		Name of Person	<u> </u>	PH 1:23
	Nettle Creek Co	nstruction, LLC		: 23
		Firm/Company		- [7]
	107 Burns Lane			
		Address		-
	Winter Haven, F	L 33884		
		City/State and Zip Code		-
	thenettlecreek@g	mail.com  to be used for future annual report not	(Carting)	
			meauon)	
For further information c	oncerning this matter, please c	ali:		
Candace Hollad	day	at ( 863 ) _207-15	30	<u></u>
Name o	f Person	Area Code Daytim	e Telephone Number	r
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Addres Registration 9		<u>Street Address:</u> Registration Se	ction	
Division of C		Division of Cor		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nettle Creek Construction, LLC		
(Name of the Limited Liability (A Florida I.	Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Cor Florida document number <u>L05000075346</u>	mpany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		202 SE
		ACR 2 TO
Enter new mailing address, if applicable:		A C
(Mailing address MAY BE A POST OFFICE BOX)		5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
		i:2
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the	name of the new register
Name of New Registered Agent:	· -	_
New Registered Office Address:		
	Enter Florida street address	
	. Florid	Zip Code
Now Designation of Amenda Cimpatons if shorping Designand	City	zip Coxie

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	William M. Holladay	107 Burns Lane, Winter Haven, FL 33884	🗆 Add
			<b>X</b> iRemove
			□Change
			□ Add
		ALAHA	Remove
		AASSEE, FL	<u> </u>
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□ Add
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			🗆 Remove
			□Change

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Signature of a member we authorized representative of a member			7				
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