

LD60000011760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

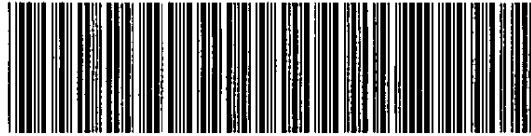
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Amendment NC

LD6-11760

FILED
AUG 25 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

AUG 26 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Montgomery Builders 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:

Rita Montgomery

Name of Person

Montgomery Business LLC

Firm/Company

24261 N.E., Dr. M.W. Eldridge Road

Address

Blountstown, FL 32424

City/State and Zip Code

realestaterita@hotmail.com

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

For further information concerning this matter, please call:

Rita Montgomery

Name of Person

at (850)

209-4500

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**

Montgomery Builders 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 2/01/2006 and assigned
Florida document number L06000011760.

This amendment is submitted to amend the following:

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

Montgomery Business 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)

24261 N.E., Dr. M.W. Eldridge Road

Blountstown, Fl. 32424

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

24261 N.E., Dr. M.W. Eldridge Road

Blountstown, Fl. 32424

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:

24261 N.E., Dr. M.W. Eldridge Road

Enter Florida street address

Blountstown, Fl.

, Florida

32424

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 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, 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>
MGRM	Howell Montgomery	24261 N.E. Dr. M.W. Eldridge Road Blountstown, FL 32424	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG 25 AM 10:14

FILED

Dated August 24, 2009

Rita Montgomery
Signature of a member or authorized representative of a member

Rita Montgomery
Typed or printed name of signee