206000061305

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT.

Doug Albert 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:

Doug Albert

Name of Person

Doug Albert Construction, LLC.

Firm/Company

4809 Williams Road

Address

Pace, FL 32571

City/State and Zip Code

dacllc@bellsouth.net

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

For further information concerning this matter, please call:

Doug Albert

at (850) 982-2448

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

| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our records. lability Company) |) |
|--|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number L06000061305 | were filed on 06/16/2006 | and assigned |
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab | ility company here: | 2013 SEP 25 SECULIARS SE |
| The new name must be distinguishable and end with the words "Limit "L.L.C." | ted Liability Company," the designation | <u>₩</u> |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 4809 Williams Road Pace, FL 32571 | 29 DA |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 4809 Williams Road Pace, FL 32571 | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | ter the name of the new |
| Name of New Registered Agent: New Registered Office Address: | | Parago de Ingola de Caractería |
| New Registered Office Address. | Enter Florida street | |
| | 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

| Title MGMR | Anthony Craighead | Address 4809 Williams Rd Pace, FL 32571 | Type of Action Add Remove |
|---------------|-------------------|---|--|
| MGMR | Larry E. Cooley | 4809 Williams Rd Pace, FL 32571 | Add Remove |
| | | SENCE | Add Remove 2013 SEP 251 Add Remove 2021 Remove 2021 Remove |
| | | | Add Remove |
| · | | | Add Remove |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---|
| |
| |
| |
| |
| |
| Dated September 23, 2013. |
| Earl Ill |
| Signature of a member or authorized representative of a member |
| Douglas Albert, MGR Typed or printed name of signee |
| Page 3 of 3 |

Filing Fee: \$25.00