

L06000061305

(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:

NOV 27 2013

A. LUNT

Office Use Only



900254014659

11/25/13--01021--007 **25.00

FILED
2013 NOV 25 PM 3:50
CLERK OF COURT
JULIA HOSKIN, CLERK

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 Rd
Address

Dace, FL 32571
City/State and Zip Code

dac11c@bellsouth.net
E-mail address: (to be used for future annual report notification)

FILED
2013 NOV 25 PM 3:50
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Faith R. Good-Albert at (850) 287-2153
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**

Doug Albert 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 6/16/2006 and assigned
Florida document number 406066061305

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 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

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 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	Jayde Albert	4809 Williams Rd	<input type="checkbox"/> Add
		Pace, FL 32571	<input checked="" type="checkbox"/> Remove
		4809 Williams Rd	
MGRM	Brian Gentry	Pace, FL 32571	<input checked="" 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

2018 APR 25 PM 5:50
 4809 WILLIAMS RD
 PACE, FL 32571

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

Dated 18 NOV, 2013.



Signature of a member or authorized representative of a member

Douglas Albert

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 NOV 25 PM 3:50
RECEIVED

2013 NOV 25 PM 3:50

FILED