106000084132

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DEPARTMENT OF STATE
DIVISION OF CORPORATION

2009 APR 28 PM 12- O

D. BRUCE
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EXAMINER

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations				
SUBJECT: WCM S	Services IIC				13
SUBJECT: TOTAL C		ited Liability Company)			L.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	v	Villiam Charles Mullinax			
		(Name of Person)			
	М	ullinax Construction, LLC			
		(Firm/Company)	_	09 SEC	
	147	5 Crawfordville Highway		APR AH	C ITE
		(Address)	<u> </u>	APR 28 DRETARY AHASSE	0.07 C.4 2
	Crawfordville, Florida 32327				
		(City/State and Zip Code)		PH 12: 01 * OF STAN EE, FLOR	. E
For further information c	oncerning this matter, please c	all:		NICA RIDA	•
William Cha	rles Mullinax	at (850) 545-9551			
(Name o	of Person)	(Area Code & Daytime T	elephone Number)		
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)	Certificate of Certified Conditional of Certified Certif	of Status &	ed)
Registr	ING ADDRESS: ation Section n of Corporations	STREET/COURIER Registration Section Division of Corporation			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	WCM Services, LLC				
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now apperida Limited Liability Company	ears on our records.)			
The Articles of Organization for this Limited Liabil	ity Company were filed on	August 25, 2006	and assigned		
Florida document numberL06000084132	·				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	limited liability company h	ere:			
Mullinax Construction, LLC					
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Com	pany," the designation "I			
Enter new principal offices address, if applicable	:		O9 AP		
(Principal office address MUST BE A STREET A	DDRESS)		王		
			SSE 28		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		06 Rio		
	<u></u>		>		
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, enter t	he name of the new		
Name of New Registered Agent:					
New Registered Office Address:		Estas Elavida atas a J			
	(Enter Florida street address)				
	(City)	, Florida	(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 = Mai MGRM = M	ager anaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	O9 APR 28 PH 12: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Dated		2009	
		William Charles Mullinax //ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00