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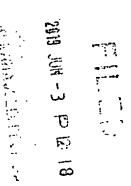
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CT 100 TB	Powell Buil	ding Services, LLC		
SUBJE	:СТ:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		John Powell		
			Name of Person	
		Powell Building Services, I	LLC	
			Firm/Company	
		9434 Dugard Ct		
			Address	
		Orlando, FL 32827	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
John Po			407 488-9439 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 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

Powell Building Services, LLC	100 E
(Name of the Limited Liability Company as it now appears on our red (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{09/29/2006}{\text{Elorida document number}}$ .	2519 JUN - 3 D 12: 13 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Powell Custom Construction, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "l	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
B. If amending the registered agent and/or registered office address on our recoregistered agent and/or the new registered office address here:  Name of New Registered Agent:	ords, <u>enter the name of the new</u>
New Registered Office Address:	
Enter Florida street ad	dress
	Florida
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
			□ Remove
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			Remove
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	ock does not meet the application	able statutory filing requi	(optional) 190 days after filing.) Pursuant to 6 rements, this date will not be li	05.0207 ( sted as t
ne record specifies a delayed The 90th day after the reco		t an effective time,	at 12:01 a.m. on the ear	lier of:
Dated May & 30	2019			
	<u> </u>	<u> </u>		
( Julkh	$\mathcal{U}$			
- Julh	Signature of a member or autho	orized representative of a mo	ember	

Page 3 of 3

Filing Fee: \$25.00