## LOGO 115972

(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;
02976 P98-1-274
NNA

Office Use Only



900314565039

06/20/16--01008--026 \*\*30.06

2018 JUL - S AM 8: UB

name chang

B FIGUEROA.
JUL 1 2 2018



June 25, 2018

KRISTI WHITE 1760 BANNERMAN RD TALLAHASSEE, FL 32312

SUBJECT: FIELDER HOLDINGS & CONTRACTING, LLC

Ref. Number: L06000115972

We have received your document for FIELDER HOLDINGS & CONTRACTING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 018A00013154





## **COVER LETTER**

·		COVER LETTER	
TO: Registration	on Section Corporations		
SUBJECT:	FIELDER HOLD	SINGS 2 CONTRA	CTING, LLC
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	Klisti	W H I TE  Name of Person	
	FIELDER	HOLDINGS . CO	D NTRACTING, LLC  D  12  1CTing. Com  notification)
	1760 BA	ANNERMAN RD Address	· <del>······</del>
	TALLAHAS Kristi C E-mail address: (	SEE, FL 32312 City/State and Zip Code fielder Contract to be used for future annual report notif	7ng.Com
For further informat	ion concerning this matter, please en	all:	
<u>`</u>	T WH (TE ume of Person	at ( <u>850</u> ) <u>224 –</u> Area Code Daytime	
Enclosed is a check	for the following amount:		
□ \$25.00 Filing Fo	Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIELDER HOLDINGS - CONTRACTING, LLC

Florida document number <u>L06000115972</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PRICE HOLDINGS & CONTRACTING LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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 €itv 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager			
AMBR =	Authorized	Member		

<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
			Add
			□ Remove
			Change
			☐ Remove
			□ Change
			_ ☐ Remove
			☐ Change
			Remove
			☐ Change
			□ Remove
			□ Change

		<del></del>			
- <del>-</del>					
	_			·	
		· · · · · · · · · · · · · · · · · · ·			
					<u> </u>
	_			5:	_ <b></b>
				> 	r <del></del>
	-		<del>-</del>		<del></del>
				— <u></u>	AH 8:
					-: -⊕6
			·	`hi -	
effective date, if other than the date of filing:  The date is listed, the date must be specific and cannot  If the date inserted in this block does not meet the ment's effective date on the Department of State's r	applicable s		e than 90 days at		
record specifies a delayed effective date, b he 90th day after the record is filed.		effective tir	me, at 12:0:	1 a.m. on th	e earlie
ed July 2 20	018				
onf	1/2				
Signature of a member	$\nu \nu$				

Page 3 of 3

Filing Fee: \$25.00