## L0700011668

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SECRETARY OF STATE
DIVISION OF CORPORATION

JUN 1 5 2015

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## **COVER LETTER**

The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	indence concerning this matter	r to the following:	
	JOHN JAC	K S o N Name of Person	<del></del>
	THIPCE "J'	CONSTAUC Firm/Company	TEON, LLC
	1318 JOHN	RILEY BANNI Address	HILL RP.
	BAKEN, FL	2536 City/State and Zip Code	
	Jackson Con E-mail address:	BALS EE Tack So  (to be used for future annual re	port notification)
For further information c	oncerning this matter, please		
JOHN JAC Name o	KS ON Ferson	at ( <u>\$50</u> ) 79	58 - 5027 Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,

Name of Limited Liability Company

MAILING ADDRESS:

Certificate of Status

TO:

Registration Section , Division of Corporations

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

Certified Copy

(additional copy is enclosed)

SECRETARY OF STATE OF STATE OF CORPORATION

Certificate of Status &

(additional copy is enclosed)

Certified Copy

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TO-PLE "T"	CONSTRUCTION, LLC ty Company as it now appears on our records.)
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
	,
	Company were filed on $\frac{Ol}{\sqrt{$l/2007}}$ and assigned
Florida document number LO 7000011668	<del></del>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ited liability company here:
The new name must be distinguishable and contain the words "Lim	sited 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 ADDR	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address and a Name of New Registered Agent:	tered office address on our records, <u>enter the name of the new</u> ress here:
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document of doffice address, I hereby confirm that the limited diability of the confirmation of the
	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 Type of Action Title <u>Name</u> **Address** MGR KAHLEL HALLENGTON 1169 IONA LANE BAKEN, FL 32531 ☐ Remove \_□ Change \_□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add \_□ Remove \_□ Change \_□ Add TASSEE FLORE ☐ Change

:  D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces.)	sary.)		
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		<del>_</del>	
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	-		
E. Effective date, if other than the date of filing: 6/20/2015 (option (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after for Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.	date will not	be liste	ed as the
(b) The 90th day after the record is filed.			
Dated <u>June 2015</u> , 2015.			AIG.
Signature of a member or authorized representative of a member	23 A SE	-5	SECR TS101
TOHN JACKSON Typed or printed name of signce	HASSEI	UN 12	ETARY OF CO
Typed or printed name of signee	OF STA	AH +:	ORPORA
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Filing Fee: \$25.00