# L07000049503

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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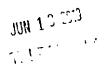
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2819 KAY 31 PO W 12



# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Donnely 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:
Michnel A. Donnelly. Name of Person
Donnelly Construct Firm/Company
3520 SIN 7th TER Address
City/State and Zip Code  Donne/Lonstnuchin F/D 4 mail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Dunnelly at (234) 484-8406  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee Certificate of Status  Certificate of Status & Certificate Copy (additional copy is enclosed)  Certificate of Status & Certificate 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

Danell C	and the star 1/2	
(Name of the Limited Liabili	ity Company as it now appears on o a Limited Liability Company)	ur records.)
(A Florid:	a Limited Liability Company)	290 BY 21 P # 12
The Articles of Organization for this Limited Liability C	Company were filed on	109/2007 and assigned
Florida document number <u>LD 7000499</u>		FALSAMAS JOLEN GOLLAND
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	uited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	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 add		records, enter the name of the new
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida st	vet 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
M6'RM	<u> 14015 61055</u>	3520 SW 7HATER CASE CORAL FI 33991	
			B Remove
			Change
			Remove
			□ Change
			Remove
			Change
			Remove
			Change
			D Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effec lote:   I	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of $90$ th day after the record is filed.
ated _	5/24/19 3018
	Signature of a member or authorized representative of a member
	Michael Dornell

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Filing Fee: \$25.00