

LO7000125983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

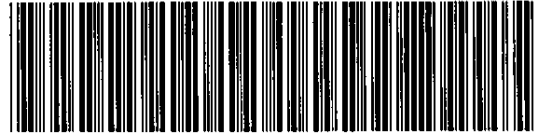
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/15/10--01006--009 \*\*120.00

2010 JAN 14 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**T. CLINE**

JAN 15 2010

**EXAMINER**

CF \$ 25.00  
Cert \$ 35.00



4051 Floridatown Road

Pace, FL 32571

Phone: (850) 994-9998

Fax: (850) 994-8302

[www.Tartan-Construction.com](http://www.Tartan-Construction.com)

Fl. Lic #s CGC1514607 CCC1328904; AL # 44377

January 12, 2009

Tammi Cline  
Regulatory Specialist II  
Registration/Qualification Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Articles of Amendment to Change LLC Names:

Tartan Construction LLC (L07000125983) to Change Name to "Fire Water Disaster Restoration LLC"

Tacoma Construction LLC (L04000065457) to Change Name to "Tartan Construction LLC"

Dear Tammi:

Thank you for your assistance on the phone today. Per your suggestion, I am enclosing both Articles of Amendment to Articles of Organization in this package, and requesting that you first process the change of Tartan Construction LLC (L07000125983) to be renamed "Fire Water Disaster Restoration LLC" --- then process the change of Tacoma Construction LLC (L04000065457) to be renamed "Tartan Construction LLC".

We filed our annual reports online today, so that everything will be up to date for 2010 when you send our Certificates of Status for both of these companies.

Thanks again for all of your help!

Sincerely,

Barbara Murphy  
Tartan Construction  
Email: [Barbara@Tartan-Construction.com](mailto:Barbara@Tartan-Construction.com)

Enclosures: Articles of Amendment for Tartan Construction LLC & Tacoma Construction LLC with copies for Certified Copy Requests.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: TARTAN 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:

JACKIE DAVID MURPHY II

Name of Person

TARTAN CONSTRUCTION

Firm/Company

4051 FLORIDATOWN RD

Address

PACE, FL 32571-2414

City/State and Zip Code

FireWaterDisasterRestoration@gmail.com

E-mail address: (to be used for future annual report notification)

FILED  
2010 JAN 14 AM 11:03  
SECRETARY OF  
TALLAHASSEE, FL

For further information concerning this matter, please call:

BARBARA MURPHY

Name of Person

at ( 850 )

994-9998

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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**

**TARTAN CONSTRUCTION LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/19/07 EFF 12/17/07 and assigned Florida document number L07000125983.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**FIRE WATER DISASTER RESTORATION LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" on the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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*

\_\_\_\_\_, 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 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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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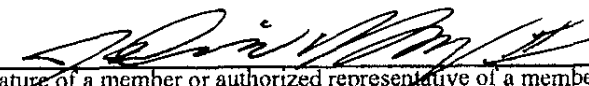


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Dated 1/12, 2010.

  
 Signature of a member or authorized representative of a member

J. DAVID MURPHY II  
 Typed or printed name of signee