

LD8000004978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DEC 15 2009

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Southcan 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:

Gerald S. Edmonds

Name of Person

"Non-Lawyer" Assistance Services

Firm/Company

2285 Aaron Street, Suite 72

Address

Port Charlotte, FL 33952

City/State and Zip Code

anlas@comcast.net

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

For further information concerning this matter, please call:

Paul E. Roberts

Name of Person

at ( 727 )

742-5129

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**

Southcan 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 January 15, 2008 and assigned  
Florida document number L08000004978.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)**

2285 Aaron Street, Suite #72

Port Charlotte, FL 33952

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:

Gerald S. Edmonds

New Registered Office Address:

2285 Aaron Street, Suite #72

*Enter Florida street address*

Port Charlotte

Florida

*City*

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STATE  
FLORIDA

**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.*

*Gerald S. Edmonds*  
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

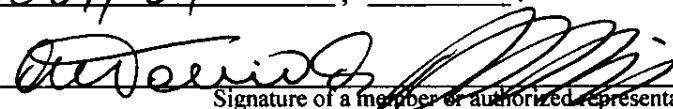
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Paul E. Roberts	2761 Oakbend Ct. New Port Richey	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Gerald Edmonds	25188 Marion Ave. Unit A303 Punta Gorda, FL 33950	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Robert Perkins	2125 Couver Drive Sarasota, FL 34231	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Dorothy M. Bianchi	1075 Bay Harbor Drive Englewood, FL 34224	<input type="checkbox"/> Add <input checked="" 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

DEC 07/09



Signature of a member or authorized representative of a member

Antonio A. Bianchi

Typed or printed name of signee

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Filing Fee: \$25.00

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