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DIVISION OF CORPORATION OR ILIN - 4 PH 2: 34

J. BRYAN

JUN - 5 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Complete Permit Services, 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:

Wendy Grennell
(Name of Person)

Complete Permit Services, LCC

3104 SW OLD WIRE Rd

Ft. White FL 32039
(City/State and Zip Code)

SECTIVE TARY OF STATE OF CORPORATION OF CORPORATION

For further information concerning this matter, please call:

Wendy Grennell at 386 288-2428
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

☐\$30.00 Filing Fee & Certificate of Status

Cartified Copy
(additional copy is enclosed)

Cl\$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

OB JUN-4 PM 2: 34

(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 Companies Florida document number <u>LO8 00003451</u> 5	y were filed on 3 7 0 8 and assigned	
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 "LLC."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3104 SW Old Wire Ro Ft. White, FL 32038	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3104 SW Old Wire Ro Ft. White, FL 32038	
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:	dy Grennell	
New Registered Office Address: 3104	SW Old Wife Rd. (Enter Florida street address)	
Ft.	White Morida 32024	

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.

(City)

If Changing Registered Agent, Signature of New Registered Agent

(Zip Code)

Page 1 of 2

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 Type of Action **Address Title** <u>Name</u> Danielle Andrews MGRM RhadA Ingram 🖪 Add Remove Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

> Typed or printed hame of signee Page 2 of 2

> > Filing Fee: \$25.00