

L08000056620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☒ WAIT

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(Business Entity Name)

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OFFICE OF CORPORATIONS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 17 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMERICAN EAGLE VETERAN CONTRACTING, 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:

CHARLEY J. PRICE  
Name of Person

\_\_\_\_\_  
Firm/Company

124 DICKSON DRIVE  
Address

DIBARY, FL 32713  
City/State and Zip Code

PRICE@VETERAN-CONTRACTING.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

2014 NOV 17 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMERICAN EAGLE VETERAN CONTRACTING, 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 JUNE 9, 2008 and assigned Florida document number LOS000054620.

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)

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:

CHARLEY D. PRICE

New Registered Office Address:

126 DIELSEN DRIVE

Enter Florida street address

DeBary  
City

Florida FL 32713  
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.

Charley D. Price  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR	DON E. WEST	318 SOUTH DIXIE HIGHWAY	<input type="checkbox"/> Add
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		LAKEWORTH, FL 33460	<input checked="" type="checkbox"/> Remove
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MGR <del>AMBR</del>	CHARLEY D. PRICE	126 DICKSEN DR	<input type="checkbox"/> Add
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		DEBARY, FL 32713	<input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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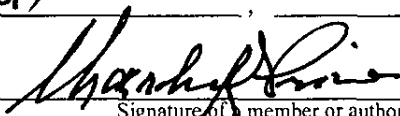
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

11/17/2014



Signature of a member or authorized representative of a member

Charles J. Price

Typed or printed name of signee

FILED  
2014 NOV 17 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA