

L08000088204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

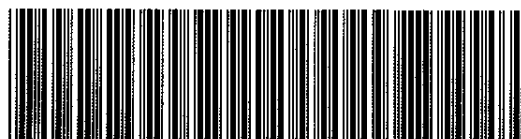
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NO

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VONDRASEK-HOLMES 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:

HOLMES, SCOTT R

Name of Person

ALLIANT ENTERPRISES

Firm/Company

10209 BENNINGTON DRIVE

Address

TAMPA FL 33626

City/State and Zip Code

Scotthgroup1@verizon.net

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Scott Holmes

Name of Person

at (813)

714-0214

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**

VONDRASEK-HOLMES 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 09/16/2008 and assigned
Florida document number L08000088204.

This amendment is submitted to amend the following:

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

ALLIANT ENTERPRISES LLC

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Sherri Holmes

New Registered Office Address:

10209 BENNINGTON DRIVE

Enter Florida street address

TAMPA

Florida

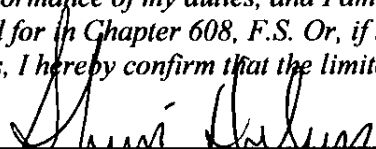
33626

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>
MGRM	Sherri Holmes	10209 Bennington Dr Tampa, FL 33626	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Scott Holmes	10209 Bennington Dr Tampa, FL 33626	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Todd VonDrasek	235 Woods Landing Trail Oldsmar FL 34677	<input checked="" 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.)

Dated November 16, 2010

2010 NOV 22 AM 11:29
 FILED
 STATE ARCHIVES
 TALLAHASSEE, FL 32304

Scott Holmes
Signature of a member or authorized representative of a member

Scott Holmes
Typed or printed name of signee