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**EXAMINER** 

69-12512

### **COVER LETTER**

	tion Section of Corporations				
SUBJECT:	j	Drecking of Limited Liability Co	mpany)	<del></del>	
Dear Sir or Mada	m:				
The enclosed Arti	icles of Correction and fee(s) a	are submitted for filing.			
Please return all o	correspondence concerning this	s matter to the followin	g:		
<u>Ja</u>	CK C. Wells (Name of Person)	5	_		
B	(Firm Company)	ecking, UC	_	2009 FEB SECRET TALLAHA	
362	5 Millorest (Address)	-Dr.	_	23 PH	
Jac	(City/State and Zip Code)	L 32277	<b></b>	DRIED DRIED	
For further inform	nation concerning this matter,	please call:			
Tack Wells at 352 258 0682 (Name of Person) (Area Code & Daytime Telephone Number)					
STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Control Tallahassee, Flori	on orations center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a che	ck for the following amount	:			
\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		

CR2E062 (08/05)

# ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is:  Bullow Wecking, UC	
<u>SECO</u>	OND: The articles of organization or the application to transact business	
(CH	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	
Ø	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  Article V States Maghen Wells as:  Manager.	5
	Article VShould state Tack ( Welle ?	12100 AE4
	as manager ! delete all others (Magten	Ŵ
	OR STATE OF THE PROPERTY OF TH	
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:	
Dated:	Feb. 19th . 2009.	`
	Signature of a member or authorized representative of a member	
	Tack C. Wells	
	Typed or printed name of signee	
	Filing Fee: \$25.00	

Certified Copy:

\$30.00 (optional)

## Electronic Articles of Organization For Florida Limited Liability Company

L09000012542 FILED 8:00 AM February 06, 2009 Sec. Of State nculligan

#### Article I

The name of the Limited Liability Company is: BULLDOG WRECKING, LLC

#### Article II

The street address of the principal office of the Limited Liability Company is:

3625 MILLCREST DRIVE JACKSONVILLE, FL. 32277

The mailing address of the Limited Liability Company is:

3625 MILLCREST DRIVE JACKSONVILLE, FL. 32277

#### **Article III**

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

#### **Article IV**

The name and Florida street address of the registered agent is:

JACK C WELLS 3625 MILLCREST DRIVE JACKSONVILLE, FL. 32277

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JACK C. WELLS

Article V

The name and address of managing members/managers are:

Title: MGR
MAGHEN WELLS
3625 MILLCREST DRIVE
JACKOSNVILLE, FL. 32277

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#### Article VI

The effective date for this Limited Liability Company shall be: 02/06/2009

Signature of member or an authorized representative of a member Signature: MAGHEN WELLS

maghen needs to be replaced w/ Jack C. Wells as manager same address