

LO9000051724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

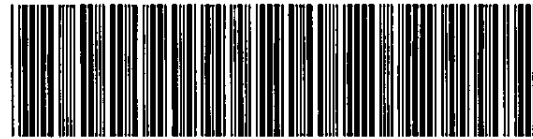
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/25/14--01020--017 **60.00

2014 APR 10 10 30 AM
FBI - BOSTON

B. BOSTICK

APR 10 2014

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Center, Knight & May Contractors, 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:

Margaret E. Parente

Name of Person

Center, Knight & May Contractors, LLC

Firm/Company

4020 University Blvd. Ct.

Address

Jacksonville, FL 32217

City/State and Zip Code

mparente@centerbrothers.com

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

For further information concerning this matter, please call:

Margaret E. Parente

Name of Person

at **904 733-2820**

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

2014 JUN -9 P 5:01
FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Center, Knight & May Contractors, 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 May 28, 2009 and assigned
Florida document number L09000051724.

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)

4020 University Blvd. Ct.

Jacksonville, FL 32217

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4020 University Blvd. Ct.

Jacksonville, FL 32217

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:

Phillip J. May

New Registered Office Address:

4020 University Blvd. Ct.

Enter Florida street address

Jacksonville

Florida 32217

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 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.

 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

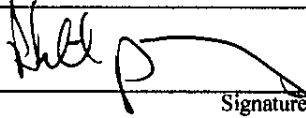
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Charles S. May	4020 University Blvd. Ct. Jacksonville, FL 32217	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Phillip J. May	4020 University Blvd. Ct. Jacksonville, FL 32217	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 **March 20**, **2014**



Signature of a member or authorized representative of a member

Phillip J. May

Typed or printed name of signee

2014-03-20 10:50:01
PHILLIP J. MAY
2014-03-20 10:50:01



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2014

MARGARET E. PARENTE
CENTER, KNIGHT & MAY CONSTRUCTORS, LLC
4020 UNIVERSITY BLVD., COURT
JACKSONVILLE, FL 32217

SUBJECT: CENTER, KNIGHT & MAY CONTRACTORS, LLC
Ref. Number: L09000051724

We have received your document for CENTER, KNIGHT & MAY CONTRACTORS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 814A00006786

2014 APR 10 10:51 AM
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