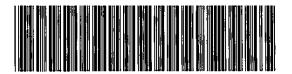
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# **COVER LETTER**

TO: Registration Sec Division of Corp		<b>;</b>	,
SUBJECT:	Alan R Sm. Name of Lim	th Construction ited Liability Company	on LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Alan	R Sm:+L Name of Person	
	Alas	R Sm:th Cons	struction LLC
	14051	Kewanee lan	е
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	a) gmail.com
For further information co	oncerning this matter, please ca		,
Abane of	R Smith	at (941) Area Code Daytime	26 - 2093 Telephone Number
Enclosed is a check for th	e 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
266f Executive Center Circle
Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF



Alan R S	mith constru	ction LLC
(Name of the Limited I	Liability Company as it now appears on Florida Limited Liability Company)	i our records.)
The Articles of Organization for this Limited Liabi		1 4 2009 and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
	<del></del>	<u> </u>
Enter new mailing address, if applicable:		SEP IL
(Mailing address MAY BE A POST OFFICE BO	<u></u>	सु द रा
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		. Florida
-	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

MGR = MAMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Alfred w Barnhill	500 clear view ft	<b>M</b> Add
		Pt. Charlotte FL 339.	<u>53</u> □ Remove
			☐ Change
MGR	Michael F. Brown	2626 NE Hwy 701	of St Add
		2626 NE Hwy 701 Arcadia, FL. 34266	☐ Remove
			Change
			□ Add
			E □ SP emove
			Z □ Change
		<b>72</b>	
		<del></del>	Remove ·
			Change
			Add
			☐ Remove
			Change
<del></del>			Add
			□ Remove
			Change

or removed from our records:

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E. Effecti	ive date, if other than the date of filing:	아 <b>PH</b> 2	117
(If an eff <b>Note:</b> docum	fective date, if other than the date of filing:	mot bestiste	.0207 (3)(bed as the
			_
If the red (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on to 90th day after the record is filed.	the earlie	er of:
	a la l flog. 2		
Dated	<u> 9/2/15 , 2015 . , </u>		
	Signature of a member or authorized representative of a member		
	Alan R Smith Typed or printed name of signee	<del> </del>	

Page 3 of 3

Filing Fee: \$25.00