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COVER LETTER

TO: Registration Section
Division of Corporations

Straight Line Construction of Gainesville 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:

Cynthia Long

Name of Person

Gainesville Business Services Inc

Firm/Company

4908 NW 34th Blvd. Suite 5

Address

Gainesville Florida 32605

City/State and Zip Code

gbs@gbslink.com

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

For further information concerning this matter, please call:

Cynthia Long

*__*352\379-7883

Name of Person

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

Straight Line Construction of Ga				
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our recor a Limited Liability Company)	<u>'ds.</u>)		
The Articles of Organization for this Limited Liability	Company were filed on 1/5/2010		and assi	gned
Florida document number L1000001229	<u></u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the design	nation "LLC"	' or the at	breviation
Enter new principal offices address, if applicable:	•			
(Principal office address MUST BE A STREET ADD	DRESS)	<u> </u>	28	
		25 j	erC.,	Same
				in authorize
Enter new mailing address, if applicable:		(2) (3) [13]	\sim	
(Mailing address MAY BE A POST OFFICE BOX)		- % 		1 1 ;
	•	97	**	• , •
		147 mm	<i>1</i> %	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		enter the	name of	the new
	-			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida str	reet address		
<u></u>	,	rida		
	City	Z	ip 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>	Name	Address	Type of Action
MGRM	Jason Cranford	2300 SW 43rd Street	_ ✓ Add
		Gainesville FL 32607	Remove
MGRM	Johnnie Williams	3223 NW 52nd Lane	_ ✓ Add
		Gainesville, FL 32605	Remove
D	Michael Eckhard	1620 SW 47th Terr.Apt 223	_
		Gainesville, FL 32607	Remove
D	Benjamin C.Stone	815 NE 8th Ave.	- Add
		Gainesville, FL 32601	Remove
,		**	Zela Zela Zela Zela Zela Zela Zela Zela
			Remove
			Add Remove
			1 Kemove

If amending any other information,	enter change(s) here: (Attach additional shee	ets, if necessary.)
 		
November 1	2013	
- Oyna-	e of a member or authorized representative of a me	mber
Cynthia Long	•	
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	2013 H#7
		\$55
		M II: 32 A STATE A FLORIDA
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