L10000001255

(Requestor's Name)				
- (Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
•				
Certified Copies Certificates of Status				
Consider the state of the state				
Special Instructions to Filing Officer:				

Office Use Only



500171849095

U3/12/10--01038--023 **35.00 ... j

FILEU 2010 HAR 23 PH 22: 12 SECRETARY OF STATE AND ANASSEE, FLORID

C. LEWIS

MAR 24, 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2010

CONAN CECCONIE TEMPLAR CONSTRUCTION, LLC 1511 HARSTON AVE. ORLANDO, FL 32814

SUBJECT: TEMPLAR CONSTRUCTION LLC

Ref. Number: L10000001255

We have received your document for TEMPLAR CONSTRUCTION LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 010A00006418

COVER LETTER Registration Section TO: Division of Corporations Templar Construction, LLC Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Conan Cecconie Templar Construction, LLC 1649 Knollwood Circle Orlando FL 32804 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Conan (ecconic

or Tency Stein at (407) 506-3196

Name of Person at (407) Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$55 Filing Fee & Certified Copy]\$25 Filing Fee Alreads []\$35 Filing Fee Al

INHS18 (5/08)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Temple	ac Cons	struction	7.44	010 MAR 23	PM 2 12
Name of the Limited L	iability Compar lorida Limited L	y as it new appears iability Company)	on our records	SECRETARY LLAHASSE	OF STATE E.FLORIDA
The Articles of Organization for this Limited Liab Florida document number <u>L 1 0000</u> 00 1	oility Company				ssigned
This amendment is submitted to amend the follow	ring:			•	
A. If amending name, enter the new name of the	he limited liab	ility company here	:		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	led Liability Compan	y," the designati	on "LLC" or th	e abbreviation
Enter new principal offices address, if applicat	ole:				
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	1649 Orland	Knollu	100d (circle
Enter new mailing address, if applicable:		16 49 Orland	Knollu	rood C	irele
(Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	<u>orland</u>	0, 50	- 328	804
B. If amending the registered agent and/or registered agent and/or the new registered office	e address here	** **			
Name of New Registered Agent:	Con	an cec Knollu	conic		
New Registered Office Address:	1649	Knollu	vood (r Florida street	Circle	
	orland	Ente	, Florid	a 326	304
		City		Zip Co	de
New Registered Agent's Signature, if changing Reg	zistered 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

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM :	= Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
·			Add Remove
			Add Remove
****			☐Add ☐Remove
			Add Remove
D. If am	ending any other information, enter chan	ge(s) here: (Attach additional sheets, if neces.	sary.)
	New Email Address	I Phone for corresp	ordence
! -	Enn.1: templar hom Phone: 407 - 506.	18hone for corresp nes 210 aol. com - 3196	AR 23
Dated	MARUH 20 , 20,	10 MI	PH & 12
	Signature of a member TLA(er or authorized representative of a member Y M. S+Cin I or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00