

LI0000003198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

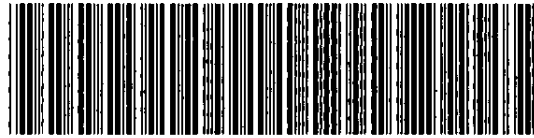
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JAN 26 2010

EXAMINER



000163866410

01/25/10--01042--009 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 JAN 25 PM 12:17

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FULLY BUILT 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:

ROBERTO MENDOZA
Name of Person

FULLY BUILT LLC
Firm/Company

6002 BONACKER DR BLD A
Address

TAMPA, FL 33610
City/State and Zip Code

ROBERT.MENDOZA0001@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERTO MENDOZA at (**813**) **405-9607**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 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

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

FULLY BUILT LLV

(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 01/11/2010 and assigned
Florida document number L10000003198.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FULLY BUILT LLC

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)

6002 BONACKER DR BLD A

TAMPA, FL 33610

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6002 BONACKER DR BLD A

TAMPA, FL 33610

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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:

ROBERTO MENDOZA

New Registered Office Address:

6332 WISTERIA LN

Enter Florida street address

APOLLO BEACH

Florida

33572

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBERTO MENDOZA	6332 WISTERIA LN APOLLO BEACH FL 33572	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DAVID J SOLER JR	6332 WISTERIA LN APOLLO BEACH FL 33572	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LUIS SANTILLANA	11217 ANDY DR RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JANUARY 21, 2010



Signature of a member or authorized representative of a member

ROBERTO MENDOZA

Typed or printed name of signee