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(R	lequestor's Name)	
(A	ddress)	<u> </u>
V	,	
(A	ddress)	
(C	ity/State/Zip/Phone #)	1
PICK-UP	☐ WAIT	MAIL
(E	lusiness Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
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SECRETARY OF STATE

ARTINO LU AND FILED

C. LEWIS

(DEF 1 2 2013).

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp		The The	*	ese t ab	- Stable - Agent.
SUBJECT:	Teat Constru	iction L	LC		
	Name of Limit	ed Liability Comp	oany		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Gric	c Tea	t		
	-T a	Name of Pers	on	1 0	
	leat C	ONSTYUC Firm/Compa	MON L	LC	
	DΩ	Den 5			
		Address	124	-	
	- Apalo	City/State and Zip	G FC Code	32329	
	E-mail address: (t	o be used for future	annual report notifi	cation)	
For further information co	ncerning this matter, please ca		·	,	
Gric Te	at	at (063-	5893	
Name of	Person	Ar	ea Code & Daytime	e Telephone Number	
Englosed is a check for the	e following amount:				
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filin Certified C (additional			of Status &

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

APPROVEU
AND FILED
13 DFC
13 DEC 11 PH 1: 43
SECRETARY OF STATE

		IJ IJ	DEC II ou
. ARTI	CLES OF ORGANI	ZATION	DEC 11 PH 1:43
	OF	TALL,	AHARA OF SELEN
120	at Construc		RETARY OF STATE AHASSEF, FLORIDA
(<u>Name of the Limited</u> (A	Liability Company as it now Florida Limited Liability Con	<u>appears on our record</u> npany)	<u>is.</u>)
The Articles of Organization for this Limited Life Florida document number 40000210	iability Company were filed	on 02/24/10	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability compa	any here:	
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited Liability	Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	ROY)		
Maning quaress MAT BE AT OST OTTICE	<u></u>		
B. If amending the registered agent and/ registered agent and/or the new registered of	<u> </u>	ss on our records, g	enter the name of the new
	/s () ()	D (1 0)	2 4
Name of New Registered Agent:	Kimberly C.	Bentley ()	<i>H</i>
New Registered Office Address:	171 115 JHWI	198 Suite	, D
135 Registered Cities / Educado.	*** (W	Enter Florida stre	eet address
	Eastaoint	, Flor	ida_ <i>323</i> 28
	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 bereby 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 3

If ameraling 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 **Type of Action Title** Address <u>Name</u> eon Teat #1 Teaks Rad MORM Tony H. Beck Remove Remove Remove Add Remove

If amen	APPROVED AND ding any other information, enter change(s) here: (Attach additional sheets, if necessar)FILED
•	
	SECRETARY OF STATE TALLAHASSEF, FLORID
<u></u>	
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ed	<u>December 10, 2013.</u>
	X Enic Dest
	Signature of a member or authorized representative of a member 2 VIC TPAT Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00