

Office Use Only

G. MCLEOD

MAR 15 2010

EXAMINER



03/16/10---01001---025 **25.00 *

COVER LETTER

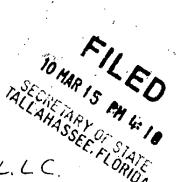
TO: Registration Section Division of Corporations SUBJECT: Timetty McNichelas L.L. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Timothy Mc Weholas Name of Person Timothy Mc Weholas L.L. C Firm/Company 45 Klickitat Dr Address Crawfordville Fla 32327 City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Timstry McNie Lolas at (850) 322-3672 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ 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



Zip Code

Name of the Laurence Planting	and Carpentry L. L.C. CORION Company as it now appears on our records.)
	npany were filed on Mar 9, 200 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
Turothy Mc Nicholas /	"Limited Liability Company," the designation "LLC" or the abbreviation
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	95 Klickitat Dr
(Principal office address MUST BE A STREET ADDRE.	SS) Crawfordville Fla 32327
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses	red office address on our records, enter the name of the new ss here:
Name of New Registered Agent: Time	Klick Hat Dr Enter Florida street address
New Registered Office Address: 95	Klickstat Dr
•	Enter Florida street address
Craw	fordville Florida 32327

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.

City

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 = Ma	naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Timotog M Mcholas	at Kicketed Dr crantonalmille Fla 32327	Add Remove
	٠,		☐ Add
			Remove
		<u> </u>	Add Remove
			Add
 -		,	Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
			_
			_
			_
 Dated			_ <u>_</u>
-		Mar 15.2010 r authorized representative of a member	
	Typed or	printed name of signee	

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Filing Fee: \$25.00