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(Re	equestor's Name)	
(Ad	ldress)	<u>.</u>
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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10 HAY 17 PM 2: 58
SEUNCIARY OF STATE

N. . . . MAY 1 8 2018

COVER LETTER

Division of Corporations Feddon Mechanical, LLC SUBJECT: ____ 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: David W Feddon Name of Person Feddon Mechanical, LLC Firm/Company 352 Belle Point Drive Address St Pete Beach, FL 33706 City/State and Zip Code dave@Feddon-Mechanical.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David W Feddon Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee **▼**\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO: Registration Section

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

Feddon Mechanical, LLC

FILED
10 MAY 17 PM 2: 58
SECRETARY OF STATE
PALLAHASSEE FLORE

(<u>Name of the Limited L</u> (A F	iability Company as it now appear lorida Limited Liability Company)	rs on our records.)	ДОМЕ
The Articles of Organization for this Limited Liab		05-06-2010	and assigned
Florida document numberL100000493	<u>. 12 </u>		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	iny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
		<u></u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:		. [] :1	
		ter Florida street add	
	City	, Florida	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, <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> **Name Address** Type of Action MGR James J Stark, Jr 12615 Stone House Loop ✓ Add Hudson, FL 34667 Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 12 Dated ___ Signature of a member or authorized representative of a member David W Feddon Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00