

L10000076039

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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2011 APR 28 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 29 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WEST FLORIDA GREENWAVE TXT, 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:

THOMAS GALLION

Name of Person

WEST FLORIDA GREENWAVE TXT, LLC

Firm/Company

150 SEABREEZE BLVD

Address

PANAMA CITY BEACH, FL 32413

City/State and Zip Code

GALLPROPS@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS GALLION

Name of Person

at (850)

257-4445

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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**

FILED

2011 APR 28 PM 1:24

WEST FLORIDA GREENWAVE TXT, LLC SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records) **PANAMA CITY BEACH, FLORIDA**
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/19/2010 and assigned Florida document number L10000076039.

This amendment is submitted to amend the following:

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

GALLION CONSTRUCTION, 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:

148 CLAREON DRIVE

(Principal office address MUST BE A STREET ADDRESS)

PANAMA CITY BEACH, FL 32413

Enter new mailing address, if applicable:

148 CLAREON DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

PANAMA CITY BEACH, FL 32413

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:

THOMAS GALLION

New Registered Office Address:

148 CLAREON DRIVE

Enter Florida street address

PANAMA CITY BEACH

Florida

32413

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.

X 
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>
MGRM	THOMAS GALLION	148 CLAREON DRIVE PANAMA CITY BEACH, FL 32413	<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
			<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)*

2011 APR 28 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated APRIL 25, 2011

X 
Signature of a member or authorized representative of a member

THOMAS GALLION
Typed or printed name of signee