

L10000079257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

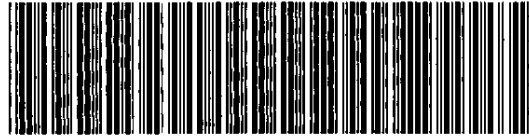
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900186200719

10/06/10--01023--017 \*\*30.00

FILED

2010 OCT -6 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

OCT 7 2010

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WINCHESTER CONTRACTING, 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:

MATTHEW J LESLIE

*Name of Person*

WINCHESTER CONTRACTING, LLC

*Firm/Company*

485 CHICKEE COURT

*Address*

LAKE MARY, FLORIDA 32746

*City/State and Zip Code*

mleslie@frame2001.com

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

For further information concerning this matter, please call:

MATTHEW J LESLIE

*Name of Person*

at ( 407 )

692-5406

*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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 OCT -6 AM 11:09

FILED

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

WINCHESTER CONTRACTING, LLC

(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 07/28/2010 and assigned  
Florida document number L10000079257.

This amendment is submitted to amend the following:

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

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)

485 CHICKEE COURT

LAKE MARY

FLORIDA, 32746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

485 CHICKEE COURT

LAKE MARY

FLORIDA, 32746

**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:

MATTHEW J LESLIE

New Registered Office Address:

485 CHICKEE COURT

*Enter Florida street address*

LAKE MARY

Florida

32746

*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.*

*[Signature]*  
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	BOBBY D WINCHESTER	1325 WALCORA DRIVE SUMTER, SC 29150	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Matthew J Leslie	485 Chickee Court Lake Mary, FL 32746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Giovanni Varsi	954 DUTCHMANS BEND ROAD DEBARY FL 32713	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Giovanni Varsi	954 DUTCHMANS BEND ROAD DEBARY FL 32713	<input type="checkbox"/> Add <input checked="" 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 OCTOBER 1ST, 2010

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Matthew J Leslie

\_\_\_\_\_  
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED  
2010 OCT -6 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA