

L10000082181

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H170002365603))



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To: Division of Corporations
Fax Number : (850) 617-6363

From: Account Name : LICENSES ETC INC
Account Number : 120070000159
Phone : (259) 777-1026
Fax Number : (877) 275-3593

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ETC@LICENSESETC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LOGGERHEAD CONTRACTING LLC

Certificate of Status	0
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

K. SALY
SEP - 5 2017

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COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** LOGGERHEAD 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:

LISA ADAMS

Name of Person

LICENSES, ETC., INC.

Firm/Company

886 110TH AVE. N., SUITE #6

Address

NAPLES, FL 34108

City/State and Zip Code

SUPPORT@LICENSESETC.COM

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

For further information concerning this matter, please call:

LISA ADAMS

239

777-8321

Name of Person

at ()

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

(((H17000236560 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ARIJUN KAUL	10115 VILLAGIO PALMS WAY #102	☒ Add
		ESTERO, FL 33928	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
2017 SEP 1 10:17
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SUNBIZ LLC
AMBR = Authorized Member
MGR = Manager

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* (((1117000236560 3)))

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated SEPTEMBER 1ST 2017

Signature of a member or authorized representative of a member

ARJUN KAUL

Typed or printed name of signee

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