# L11000000174

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ry/State/Zip/Phone | ∍ #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nan  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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Office Use Only



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MAY 2 7 2015 J SHIVERS

#### **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |   | , · •   |  |
|--|---|---|--|
| SUBJECT: ACT O                           | n J. Crouch Cor                                 | retryction LC   |  |
| SUBJECT: 1400 Q                          | Name of Limi                                    | ited Liability Company  | <del></del>  |
|  |   |   |  |
| The enclosed Articles of                 | Amendment and fee(s) are sub-                   | mitted for filing.  |  |
| Please return all correspon              | ndence concerning this matter                   | to the following:   |  |
|  | Aaron   | Name of Person  |  |
|  |   | Name of Person  |  |
|  | MOUON J CIO                                     | WCN CONSTYUCT LON<br>Firm/Company                                   | LLC  |
|  | 2972 FL   | orence Drive  |  |
|  |   | Address   |  |
|  | Middleb   | urg, 12 37048   |  |
|  |   | City/State and Zip Code   |  |
|  | E-mail address: (                               | to be used for future annual report notif                           | ication)   |
| For further information co               | oncerning this matter, please ca                | all:  |  |
| nouron J.                                | Croich  | at (904) 588.8<br>Area Code Daytime                                 | 185  |
| Name of                                  | Person  | Area Code Daytime   | Telephone Number   |
| Enclosed is a check for the              | e following amount:                             |   |  |
| \$25.00 Filing Fee                       | □ \$30.00 Filing Fee &<br>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

| Aaron J. Crouch Const   | uchm uc   |
|---|---|
| (Name of the Limited Liability Compan<br>(A Florida Limited L                 | y as it now appears on our records.) ability Company)           |
|   | were filed on 01.03 2011 and assigned                           |
| This amendment is submitted to amend the following:                           |   |
| A. If amending name, enter the new name of the limited liabi                  | lity company here:  |
| The Articles of Organization for this Limited Liability Company were filed on |   |
| The new name must be distinguishable and contain the words "Limited Liabili   | ty Company," the designation "LLC" or the abbreviation "L.L.C." |
| • • •   |   |
| •                                       | 2472 Florence Dr<br>Middleburg, Fl 32068                        |
| registered agent and/or the new registered office address here                | : 15 MAY 2  |
| New Registered Office Address:  | Enter Florida street address                                    |
|   | City , Florida Zio 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

| AMBR =        | Authorized Member |             |                |
|---------------|-------------------|-------------|----------------|
| <u> Title</u> | Name              | Address     | Type of Action |
| <del>.</del>  | ****              |             |                |
|               |                   |             | ☐ Remove       |
|               |                   | <del></del> | ☐ Change       |
|               |                   |             | ☐ Add          |
|               |                   |             | ☐ Remove       |
|               | r                 |             | ☐ Change       |
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| TAIL TAIL TAIL TAIL TAIL TAIL TAIL TAIL   | 15 MAY 26 AM         | E. Santara              |
|---|----------------------|-------------------------|
|   | MAY 26               | 914.202                 |
|   | 726                  | 914.202                 |
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| onal)                                     | 22                   |                         |
| filing.) Pu                               | rsuant t<br>I not be | o 605.020<br>e listed a |
| a.m. on                                   | the e                | arlier (                |
|   |                      |                         |
|   |                      | _                       |
| •   | s date wil           | s date will not be      |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00