

LI000015328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

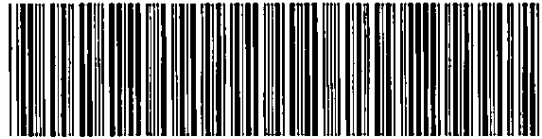
(Business Entity Name)

(Document Number)

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Amend Name
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JUN 24 2019

1 ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FREEMAN ENMEIER ENTERPRISES L.L.C.
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:

FREEMAN ENMEIER
Name of Person

FREEMAN ENMEIER ENTERPRISES L.L.C.
Firm/Company

2307 MALIBU LN
Address

NORTH PORT FL 34286
City/State and Zip Code

FREEMAN@FEELLC.US
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FREEMAN ENMEIER at (941) 677-8311
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2019

FREEMAN ENMEIER ENTERPRISES LLC
% FREEMAN ENMEIER
2307 MALIBU LN
NORTH PORT, FL 34286

SUBJECT: FREEMAN ENMEIER ENTERPRISES L.L.C.
Ref. Number: L11000015328

We have received your document for FREEMAN ENMEIER ENTERPRISES L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete/submit the form in its entirety.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 819A00011831

TO
ARTICLES OF ORGANIZATION
OF

FREEMAN ENMEIER ENTERPRISES L.L.C.
(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 02/04/2011 and assigned
Florida document number L11000015328

This amendment is submitted to amend the following:

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

FEE CONSTRUCTION LLC
The new name must be distinguishable and contain 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)

2307 1115 N. EUCLID AVE
SARASOTA, FL 34237

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2307 MALIBU LN
NORTH PORT FL
34286

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:

FREEMAN ENMEIER

New Registered Office Address:

1115 N. EUCLID AVE

Enter Florida street address

SARASOTA

City

Florida

34237

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 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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
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[illegible]

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.

Dated June 18, 2019, 2019.

Freeman A. Enneker
Signature of a member or authorized representative of a member

FREEMAN A ENNEKER
Typed or printed name of signee