

L110VDD016695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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B. KOHR

NOV 9 2012

EXAMINER



600241128926

11/09/12--01005--009 **25.00

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRBL, 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:

Jay Fields

Name of Person

FRBL, LLC

Firm/Company

26-B Guinevere Ln
4928 Buckwood Dr

Address

Tallahassee, FL 32317

City/State and Zip Code

frbl9152@gmail.com

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

12 NOV -9 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Carolyn Fields

Name of Person

at (850)

745-8680

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

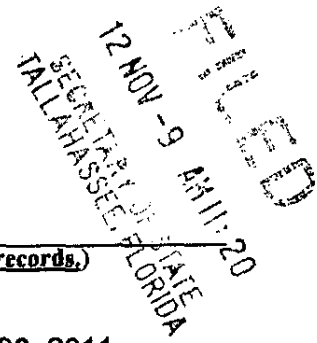
STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FRBL, 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 March 30, 2011 and assigned
Florida document number L11000016695.

This amendment is submitted to amend the following:

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

FRBL Electrical Contractors, 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:

26-B Guinevere Lane

(Principal office address MUST BE A STREET ADDRESS)

Crawfordville, FL 32327

Enter new mailing address, if applicable:

Same as Above

(Mailing address MAY BE A POST OFFICE BOX)

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:

Same as before - Jay Fields

New Registered Office Address:

26-B Guinevere Lane

Enter Florida street address

Crawfordville

Florida

32327

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.

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>
_____	_____	_____	<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.)

please note that Mr. Fields, Mr. Bundy,
and Mister Rogers have current
w/C exemptions. See attached.

Dated _____, _____

Jay Fields

Signature of a member or authorized representative of a member

Typed or printed name of signer



Employer Detail Page

This database was last updated Sunday, April 22, 2012 12:13 AM.

[Carrier Location Information](#)

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Employer Information

Employer Name	Employer Type	NAICS Code
FRBL LLC	LIMITED LIABILITY CO.	238210

Coverage History

Locations	Governing Class Code*	Total Payroll**	Effective Date	Cancellation Effective at 12:01 A.M.	Carrier Office	Policy Number	Wrap Up
View Locations	06190	\$35,568	Sep 16 2011	no cancellation submitted	FLORIDA CITRUS BUSINESS & INDUSTRIES	10647684	NO

*Represents the Governing Class Code associated with the Named Insured on the policy, as reported by the Insurance Carrier, and is not validated as correct.

**Represents the Total Payroll associated with the POLICY listed, as reported by the Insurance Carrier, and is not validated as correct.

Exemption Listings

Exemption Holder Name

CRAIG BUNDY
JAY FIELDS
STUART ROGERS

Owner Election Listings

No Owner Election of Coverage Listings

Employer Name History

Employer Name	Name Type	Change Date
FRBL LLC	Legal	Current

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