

L11000018755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

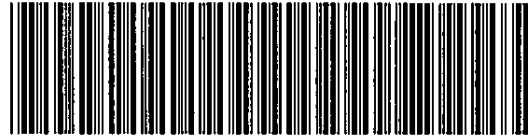
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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JUL 18 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orange County Contractor Resource

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:

Dylan Williams

Name of Person

Orange County Contractor Resource

Firm/Company

1132 Hoffner Ave

Address

Orlando, FL 32809

City/State and Zip Code

occcresource@yahoo.com

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

For further information concerning this matter, please call:

Dylan Williams

Name of Person

at 407 592 - 9245

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Orange County Contractor Resource 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 02/14/2011 and assigned
Florida document number L11000018785.

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)

1132 Hoffner Ave

Orlando, FL 32809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1132 Hoffner Ave

Orlando, FL 32809

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:

Dylan Williams

New Registered Office Address:

1132 Hoffner Ave

Enter Florida street address

Orlando

City

Florida 32809

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

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CLERK OF CIRCUIT COURT
JULIA A. ROSS
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Dylan Williams	1132 Hoffner Ave	<input checked="" type="checkbox"/> Add
		Orlando, Fl 32809	<input type="checkbox"/> Remove
MGR	Taylor Williams	1132 Hoffner Ave	<input type="checkbox"/> Add
		Orlando, Fl 32809	<input checked="" type="checkbox"/> Remove
MGR	Brandon Chambers	1132 Hoffner Ave	<input checked="" type="checkbox"/> Add
		Orlando, Fl 32809	<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

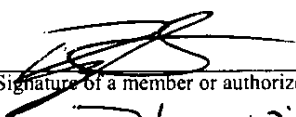
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CLERK OF SUPERIOR COURT
FLORIDA
Add
Remove
Add
Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____, _____



Signature of a member or authorized representative of a member

Dylan Williams

Typed or printed name of signee

Page 3 of 3

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Currently Dylan Williams is 51% owner, and Taylor Williams is 49%.

Please change ownership percentages to,

Dylan Williams 80%, and Brandon Chambers 20%.

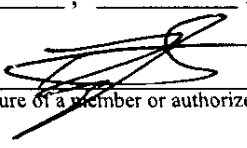
Taylor Williams from 49% to 0, removed from LLC.

Thank you.

E. Effective date, if other than the date of filing: 05/24/2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 21, 2014


Signature of a member or authorized representative of a member

Dylan Williams

Typed or printed name of signee

Page 3 of 3

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TALLAHASSEE FLORIDA