L11000066252

(R	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ M	AIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of Status _	
Special Instructions to	o Filing Officer:	
Co. Charles Space School of State Control	Office Use Only	



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Tarmens DEC 1 & SULA



December 4, 2014

frank long jr 4605 LAKE JAMES CIRCLE EDGEWATER, FL 32141

SUBJECT: FRANKS CONCRETE & HANDYMAN WORKS, LLC

Ref. Number: L11000066252

We have received your document for FRANKS CONCRETE & HANDYMAN WORKS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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) 245-6051.

Letter Number: 514A00025582

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

10:	Division of Corp			
SUBJE		CONCRETE & HAND	YMAN WORKS "L.L.C."	
3000	CI,	Name of Limi	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspor	idence concerning this matter	to the following:	
		FRANK AULBERT L	ONG JR	
			Name of Person	
		FRANKS CONCRET	TE & HANDYMAN WORKS	L.L.C
			Firm/Company	
		4605 Lake James Ci	ircle	
			Address	.
		Edgewater, Florida 3	32141	
	. •	•	City/State and Zip Code	
2	•	1stcoastal@gmail.co		
		E-mail address; (t	to be used for future annual report notific	ration)
For furt	her information co	ncerning this matter, please ca	all:	
Frank	Aulbert Long	JR	850 690-6910	
	Name of	Person		Telephone Number
Enclose	d is a check for the	e 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

FRANKS CONCRETE & HANDYMAN WORKS L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)

(N)	rorda Billited Blacking Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on June 6, 2011	and assigned
Florida document number L11000066252		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
LONG CONSTRUCTION "L.L.C."		
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	Y)	
Examing underess mail DE ATOST OFFICE BO		
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		
		S = =
Name of New Registered Agent:		>20 D
New Basistand Office Address	<u>~</u>	
New Registered Office Address:	Enter Florida street address	20
		9 3 77
_	, Florida	Zip Gode
New Registered Agent's Signature, if changing Regi	stered Agent:	Zip Gode
···· -	<u> </u>	* ***
	gent and agree to act in this capacity. I further agr and complete performance of my duties, and I am fo	
	ed agent as provided for in Chapter 605, F.S. Or,	
being filed to merely reflect a change in the regi	istered office address, I hereby confirm that the lim	
company has been notified in writing of this cha	mge.	

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>	Address	Type of Action
AMBR	Ben James Paulk	4160 Clinton Cematary Rd	Add
		Edgewater, FL 32141	☐ Remove
			Add
		**************************************	☐ Remove
			🗆 Add
			☐ Remove
			□ Add
			A S Remove
			DEC 10 PRO
			STATE CARemove
			D Add
			Remove

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	41, 44-41-4	
	WHEN FILED	/
	Tiling:	(optional)
	r to date of receipt or filed date and cannot b	
Effective date, if other than the date of (The effective date must be specific, cannot be prior the date this document is filed by the Florida Dep Dated November 19th	r to date of receipt or filed date and cannot b	
(The effective date must be specific, cannot be prior the date this document is filed by the Florida Dep Dated November 19th	r to date of receipt or filed date and cannot be cartment of State) 2014	e more than 90 days after
(The effective date must be specific, cannot be prior the date this document is filed by the Florida Dep Dated November 19th	r to date of receipt or filed date and cannot be partment of State)	e more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF SIAH