

L11000123523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

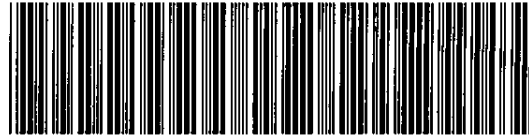
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100213347341

11/02/11--01014--004 \*\*30.00

FILED  
2011 NOV 10 PM 2:51  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

NOV 14 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Butler Lighting Protective Services 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:

Rm Butler

Name of Person

Firm/Company

2073 SW 37 ST RD

Address

DAW FL 3447

City/State and Zip Code

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

For further information concerning this matter, please call:

Rm Butler

Name of Person

at (352) 427 3625

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 NOV 10 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 4, 2011

RON BUTLER  
2073 SW 37 ST RD  
OCALA, FL 34471

SUBJECT: BUTLER LIGHTING PROTECTION SERVICES LLC  
Ref. Number: L11000123523

We have received your document for BUTLER LIGHTING PROTECTION SERVICES 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

What are you trying to change? Your LLC name is listed as BUTLER LIGHTING PROTECTION SERVICES LLC, so you are not changing anything on it according to our records. The Registered agent is listed as Ron Butler already.

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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 611A00025109

Tammy Hampton  
Florida Department of State  
Division of Corporations  
P.O Box 6327  
Tallahassee, Fl 32314

RE Letter 611A00025109

Please be advised we are trying to change the name of the LLC. We misspelled LIGHTNING. We forgot the N after the T, so it now reads Lighting. I did fill that out on the original form, but the mistake is hard to catch.

You can reach me at 352-484-4860, if you have any questions. I really appreciate your help. I felt like a fool when I realized it was spelled wrong.

Thanking you in advance for your help with this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ron Butler".

Ron Butler,  
Registered Agent

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Butler

Lightning Protection Services, 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 10-31-11 and assigned  
Florida document number 21100012352

This amendment is submitted to amend the following:

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

BUTLER LIGHTNING PROTECTION SERVICES, 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:

(Principal office address MUST BE A STREET ADDRESS)

2073 SW 37 STREET ROAD  
OWA FL 34471

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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:

Ron Butler

New Registered Office Address:

2073 SW 37 ST RD

Enter Florida street address

OWA  
City

Florida

34471  
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

2011 NOV 10 PM 2:51  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 10-31-11



Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED  
2011 NOV 10 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA