

L11000140458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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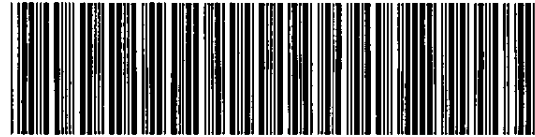
(Business Entity Name)

(Document Number)

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2013 DEC - 4 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan DEC - 4 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5D's MECHANICAL & COMMISSIONING SOLUTIONS, 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:

DENISE BAGGETT

Name of Person

5D's MECHANICAL & COMMISSIONING SOLUTIONS, LLC

Firm/Company

815 LINDEN AVE

Address

NICEVILLE, FL 32578

City/State and Zip Code

dabaggett@905ds.com

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

For further information concerning this matter, please call:

DENISE BAGGETT

Name of Person

at (850) 420-2356

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

November 8, 2013

DENISE BAGGETT
815 LINDEN AVENUE
NICEVILLE, FL 32578

SUBJECT: 5 D'S MECHANICAL & COMMISSIONING SOLUTIONS, LLC
Ref. Number: L11000140458

We have received your document for 5 D'S MECHANICAL & COMMISSIONING SOLUTIONS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6051.

Jeraline Saulsberry
Regulatory Specialist II

Letter Number: 613A00026044

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2013 DEC -4 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5D'S MECHANICAL + COMMISSIONING SOLUTIONS, 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 12/14/11 and assigned
Florida document number L11000140458.

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)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida street address

Florida

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>
MGR	ANDRIA D FALLEN	657 MINEO DR	<input type="checkbox"/> Add
		ERIE, PA 16509	<input checked="" type="checkbox"/> Remove
MGR	STEPHANIE COFFMAN	2108 CECILY ST	<input type="checkbox"/> Add
		DOTHAN, AL 36303	<input checked="" type="checkbox"/> Remove
MGR	WENDY S BAGGETT	1098 CURINGTON CT	<input checked="" type="checkbox"/> Add
		NICEVILLE, FL 32578	<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 _____, _____.



Signature of a member or authorized representative of a member

DENISE BAGGETT

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2013 DEC -4 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA