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JAN 15 2016 J. HARRIS

## **COVER LETTER**

Division of Corpo		
SUBJECT: Tel	npenny Construction LLC Name of Limited Liability Company	
	Name of Limited Liability Company	
The enclosed Articles of An	mendment and fee(s) are submitted for filing.	
Please return all corresponde	lence concerning this matter to the following:	
	Austin Tenpenny: Name of Person	
	Tenpenny Construction Firm/Company	
	3377 Crestview Ln.	
	Address	
	City/State and Zip Code tenpenny Construction@outlook.com E-mail address: (to be used for future annual report notification)	
	City/State and Zip Code	7
•	E-mail address: (to be used for future annual report notification)	•
For further information conc	cerning this matter, please call:	
Austin	Tenpenny at (850) 529-9279  Area Code Daytime Telephone Number	:
Name of Pe	erson Area Code Daytime Telephone Number	
Enclosed is a check for the f	following amount:	
\$25,00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

	struction	<u> </u>						
( <u>Name of the Limited Liabilit</u> (A Florida	Limited Liability C	ompany)	<u>(15.</u> )					
The Articles of Organization for this Limited Liability Co.	ompany were file	ed on 1 17 12		and assigned				
	his amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limi	ted liability com	pany here:						
The new name must be distinguishable and contain the words "Limi	ited Liability Compa	ny," the designation "LLC	" or the abbrevia	tion "L.L.C."				
Enter new principal offices address, if applicable:				63 63 63				
(Principal office address MUST BE A STREET ADDR	ESS)			[2740 2754 24544				
			93.					
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Enter new mailing address, if applicable:			<u> </u>	25				
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	2				
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B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office add ress here:	ress on our record	s, enter the	name of the				
Name of New Registered Agent:	·			· · · · · · · · · · · · · · · · · · ·				
New Registered Office Address:	····	· · · · · · · · · · · · · · · · · · ·		·				
	•	Enter Florida street addres	3.5					
		, FJ	orida	· · · · · · · · · · · · · · · · · · ·				
	City	·	Ziţ	o Code				

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

MGR= Ma AMBR= Au	nager thorized Mem	ber	•			
<u> itle</u>	<u>Name</u>		Address			Type of Action
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Filing Fee: \$25.00