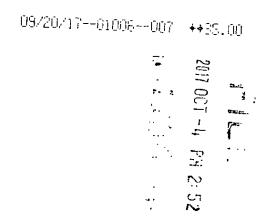
L12000030802

(Req	uestor's Name)		
(Add	ress)		
(Add	ress)		
(City)	/State/Zip/Phone		
PICK-UP	☐ WAIT	MAIL	
(Busi	iness Entity Nar	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



300303305983



J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TKCLCE CONSTNUCTION LCC 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:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: TAMES L. KEWEY Name of Person
J KELLEY CONSTRUCTION, LIC
400 BAINBRIDGE STREET
PANAMA C(TY BEACH, FC 32413) City/state and Zip Code JAMES 9175 E-GMAIL. COM E-mail address: (to be used for tuture annual report notification)
For further information concerning this matter, please call:
TAMES KELLEY at (850) 577-8764 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$Certificate of Status \$\Bigcup \$

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



September 22, 2017

JAMES L KELLEY 400 BAINBRIDGE ST PANAMA CITY BCH, FL 32413

SUBJECT: J KELLEY CONSTRUCTION, LLC

Ref. Number: L12000030802

We have received your document for J KELLEY CONSTRUCTION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Letter Number: 617A00019276

Jenna D Harris Regulatory Specialist II



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lighted Liability Compa (A Florida Limited	TRUCTION, C	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $10-1-$	2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
NIA		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	20
(Principal office address MUST BE A STREET ADDRESS)		
		·
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		\$. N
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the nev
Name of New Registered Agent: MA		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

If Changing Registered Agent, Signature of New 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title <u>Name</u> **Address** Type of Action □ Change ☐ Add ☐ Remove ☐ Change _D Add ☐ Remove _ Change □ Add ☐ Remove

o. Ir ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-		
_		
_		
_		
_		
_		
_		
_		
_		
_	· · · · · · · · · · · · · · · · · · ·	
_		
-		
_		
_		
_		
Note: docum	ive date, if other than the date of filing:	l as the
Dated	16 -01 .2017.	
	Signature of a member of authorized representative of a member	مد در .
	TAMES L. KECKEY	ear- ear-
		#
	Page 3 of 3	•

Filing Fee: \$25.00