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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cullen JUN 20 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Keith's Cable Installation and Construction L.L.C.
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:

Keith Cornelius
Name of Person

Keith's Cable Installation and Construction
Firm/Company

100 Miracle Strip Pkwy
Address

Fort Walton Beach FL 32548
City/State and Zip Code

Cable 1263@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Cornelius at (850) 637 2161
Name of Person 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Keith's Cable Installations and Construction, 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 5-17-2012 and signed
Florida document number 10022955091

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)

100 Miracle Strip Pkwy
Fort Walton Beach
Florida 32548

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:

100 Miracle Strip Pkwy
Enter Florida street address
Fort Walton Beach, Florida 32548
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

Title	Name	Address	Type of Action
MGRM	Keith Cornelius	100 Miracle Strip Pkwy Fort Walton Beach Florida 32548	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Angela Melancon	212 Angel Fish Ave Apt 2 Fort Walton Beach Florida 32548	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Lee Bolton	877 Culp Ave Fort Walton Beach Florida 32547	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Irwin Walters Jr	106 Benning Dr Destin Florida 32541	<input checked="" 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 _____, _____

Keith Cornelius
Signature of a member or authorized representative of a member

Keith Cornelius
Typed or printed name of signee

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