

L12000051884

(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



900243434119

01/14/13--01024--005 **60.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JAN 14 PM 2:43

JAN 15 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jimmy Anderson Construction 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:

Oliver Anderson

Name of Person

Jimmy Anderson Construction LLC

Firm/Company

11707 East Confederate Drive

Address

Glen St Mary FL 32040

City/State and Zip Code

jimmya96@yahoo.com

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

For further information concerning this matter, please call:

Oliver Anderson

Name of Person

at (904) 591-2790

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**

Jimmy Anderson 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 May 21, 2012

Florida document number L08000014471

FILED
STATE
CORPORATIONS
DIVISION
JAN 14 PM 2:43
and assigned

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

City, **Florida**

Zip Code

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>
MGRM	Charles Corder	9251 Smokey Road Glen St Mary FL 32040	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Charles Martin	3505 210 Drive Tallahassee FL 32305	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Steven Christie	12392 Register Road Glen St Mary FL 32040	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Robert Starrett Jr	8581 Pine Ave Macclenny FL 32063	<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

15 JAN 14 PM 3:48
☐ Add
☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

1/10/13



Signature of a member or authorized representative of a member

Oliver Anderson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 JAN 14 PM 2:43

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS