L/2000053253

(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:

A. LUNT

JUL -9 2011

EXAMINER

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FILING CANCELLED RETURNED CHECK

**25.00.



COVER LETTER

TO:

TO:	Registration S Division of C		V			
SUBJE	CT:	TROY RUTHERFO	RD CONSTRUCTION L	LC		
50252			ited Liability Company			
The end	closed Articles o	of Amendment and fee(s) are sul	omitted for filing.		□ 말	
Please 1	return all corres	pondence concerning this matter	to the following:		TALLAHASS	
TROY RUTHERFORD Name of Person				- Fig.		
TROY RUTH			ERFORD CONSTRUCTION	STATE DATE	*	
			Firm/Company			
			1 FISHER OLD MILL RD		<u></u>	
			Address			
	MILTON FL 32583					
		***	City/State and Zip Code			
		E-mail address: (oybuilt75@gmail.com to be used for future annual report notific	cation)		
For fur	ther information	concerning this matter, please of	call:			
		Y RUTHERFORD	at ()	375-1182		
	Name	of Person	Area Code & Daytime	Telephone Number	er	
Enclose	ed is a check for	the following amount:				
₹ 25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	iling Fee, eate of Status & ed Copy onal copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		stration Section sion of Corporations Box 6327	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n utions uter Circle		

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION RETURNED CHECK

OF

FILING CANCELLED

TROY RUTHERFORD	CONSTRUCT	TION LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company	y were filed on	4/19/2012	and assi	gned
Florida document numberL12000053253				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company her	<u>'e</u> :		
N/A	4			
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Compa	ny," the designation	"LLC" or the a	bbreviation
Enter new principal offices address, if applicable:	N/A		·	
(Principal office address MUST BE A STREET ADDRESS)			-	
				-
			IIW 2	
Enter new mailing address, if applicable:	N/A		Mag con	
(Mailing address MAY BE A POST OFFICE BOX)			77 7	m
			\$1 A	
			Dm 7	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		our records, <u>ente</u>	r the name o	f the nev
Name of New Registered Agent: N/A				
New Registered Office Address:	·		· · · · · · · · · · · · · · · · · · ·	
	En	ter Florida street a	ıddress	

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.

City

Florida

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

FILING CANCELLED RETURNED CHECK

<u>Title</u>	<u>Name</u>	<u>Address</u>		Type of Action
MGR	TROY RUTHER		SHER OLD MILL RD FL 32583	✓ Add ☐ Remove
				Add Remove
*************************************	<u>.</u>		,	SECRET TAND
	_			FF CAdd C
				Add
				AddRemove
D. If ar		on, enter change(s) here: (Att	ach additional sheets, if neces	· • • • • • • • • • • • • • • • • • • •
	N/A			
				
Dated _	27 JUNE			
	- Dru	m Ball		
	Ølgn	ature of a member or authorized re	•	
		TROY RUTHER		
		Typed or printed name	or signee	

Page 2 of 2

Filing Fee: \$25.00