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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

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COVER LETTER

	of Corporations
TO SUBJECT:	WNSEND HOME UPGRADES, LLC
SUBJECT:	Name of Limited Liability Company
	icles of Amendment and fee(s) are submitted for filing.
Please return all (correspondence concerning this matter to the following:
	Chad Townsend
	Name of Person
	Townsend Home Upgrades,LLC
	Firm/Company
	3379 SE CR 245
	Address
	Lake City, FL 32025
	City/State and Zip Code
	cetownsend2@gmail.com E-mail address: (to be used for future annual report notification)
For further inforr	nation concerning this matter, please call:
Chad Townsend	at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:
■ \$25.00 Filing	Gree \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee; Certificate of Status Certified Copy 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

Townsend Home Upgrades, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed ona	nd assigned
lorida document number L12000104996		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Chad Townsend Construction, LLC		
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
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	Z. Z	ANT MARKET
5. A	SEC 5	
Enter new mailing address, if applicable:		111
Mailing address MAY BE A POST OFFICE BOX)		
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)	1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ATTARY OF STATE OR TO THE STATE OF STATE OR TO THE STATE OF STATE	
	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
		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 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

- 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Clarissa Townsend	3379 SE CR 245 Lake City, FL	
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee