## 

(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:				
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## **COVER LETTER**

TO:

TO: Registration So Division of Co						
43 - 4 - 4 - 4 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	Construction, L.L.C.					
SUBJECT:						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Tommy Pope					
	Name of Person					
	Tommy's Construction					
		Firm/Company				
	1830 Memorial Dr					
		Address	· · · · · · · · · · · · · · · · · · ·			
	Chipley, Fl. 32428		<del></del>			
		City/State and Zip Code				
	E-mail address: (	to be used for future annual report noti	fication)			
For further information of	concerning this matter, please e	all:				
Nathan Pope		850 7037029 at ()				
Name c	of Person	Area Code Daytini	e Telephone Number			
Enclosed is a check for t	he following amount:					
<b>■ \$25.00</b> 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:		<u>Street Address:</u> Registration Se	ction			
Registration Section Division of Corporations		Division of Co				
P.O. Box 6327		The Centre of T	Tallahassee			
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tommy's Construction, L.L.C.		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{01/25/13}{}$	and assigned
lorida document number L13000014090		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
Principal office address MUST BE A STREET ADDRESS)		37
		,
		7 <u>5</u>
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		
		 .:: -
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ryan Hagan	1863 Hagan Rd	<b>ട</b> Add
		Chipley, Fl. 32428	
			□ Change
			LJAdd
			☐ Remove
		***************************************	
			27- ©5 ☐Remove
			☐ Change
			□Add
			∐Remove
			☐ Change
	<del></del>		□Add
			□Remove
			LIChange
			□Adđ
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) \_\_ (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or pathorized representative of a member Tommy Pope Typed or printed name of signee

Filing Fee: \$25.00