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SECRETARY OF STATE
AND ANASSES FOR DRIVE

[EC - 3 2013

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations					
Creative Construction Services SUBJECT: Anderson Construction Services, LLC Name of Limited Liability Company					
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.			
Please return all correspon	dence concerning this matter t	o the following:			
	Tina N	Larie Anderson	1		
	Anderson B	Lonstruction Servi Firm/Company	ces, UC		
	1325 6	roveland ave			
	Orlando	City/State and Zip Code	<u></u>		
	COnsruct E-mail address: (to	inh coamal. com be used for future annual report notificati	on)		
For further information co	ncerning this matter, please cal	N:			
Tina U Name of	Anderson	at (407) 234-2 Area Code & Daytime Te	L481 lephone 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		

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Creative Construction Services 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 vi Florida document number <u>L130000 25019</u> .	vere filed on Qug 19	2013 and assigned ALLAIS TALLAIS TO THE
This amendment is submitted to amend the following:		E PASS
A. If amending name, enter the new name of the limited liabil Anderson Construction Set The new name must be distinguishable and end with the words "Limite" L.L.C."	rvices, LLC	tion "LECT" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1325 Grove	and aue
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 here:		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vet address
	, Flori	da Zip Code
	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 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	<u>Name</u>	Address	Type of Action	
MGRM	Leon D. Bush	875 E Church Ave	Add	
		275 E Church Ave Longwood, Fl 32750	Remove	
			Add	
			Remove	
			Add	
		TALL.	Remove	
· ·		SECKETARY OF SAIGA	Add P Remove	
			Add	
			Remove	
			Add	
		•	Remove	

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	I accidently Changed the name
	Taccidently Changed the name Thinking I was purchasing a
	ficticious name.
Dated	11/20/13 , 2013.
	Jina Warie anderson
	Signature of a member or authorized representative of a member
	Tina Marie Anderson
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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