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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED



## **COVER LETTER**

Divi	sion of Corpo	orations				
SUBJECT:	Celebration D	Demolition Services, LLC				
SUBJECT		Name of Lim	ited Liability Company	•		
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspond	dence concerning this matter	to the following:			
		Vince Edge				
			Name of Person	<del> </del>		
		Johnston Hinesley Flowers	s Clenney & Turner PC			
			Firm/Company			
		PO Box 2246				
			Address			
		Dothan, Alabama 36302				
			City/State and Zip Code			
		vedge@jhfc-law.com				
		E-mail address: (	to be used for future annual report notific	ation) $\geq s$	201	
For further in	formation con	cerning this matter, please ca	all:	- AH	2015 JUL 2	
Vince Edge			334 793-1115 at ( )	TAR) ASSE	20	
	Name of P	Person	Area Code Daytime	Telephone Number	ط ر آ	η
				LOF LOF	C	フ
Enclosed is a	check for the	following amount:		A COL	32	
<b>■</b> \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Cop (additional copy	Fee, f Status &	

MAILING ADDRESS:

TO:

**Registration Section** 

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

B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:	_	: 7-92 North Enier Florida street addr	P 1: 32 F STATE FLORIDA	Ö
registered agent and/or the new registered o	David Dunning	7-92 North	ds, enter SIATE	
registered agent and/or the new registered o	David Dunning		ds, enter the name of the name	
egistered agent and/or the new registered o	ffice address here	•	ds, enter the name of the name	
0 0	_	•	ds, enter the nam	e of the
3. If amending the registered agent and	Vor registered off	ice address on our recor	m-< ••	e of the
			(A) 223 A A	
			ادر دری در دری	V-Marine
Mailing address MAY BE A POST OFFICE	BOX)		CRET	ורד
Enter new mailing address, if applicable:			ASEC ALL	
<u>Principal office address MUST BE A STREE</u>	<u>ST ADDRESS)</u>			
Enter new principal offices address, if applicable:		Davenport, Florida 33837		<del></del>
		1825 Highway 17-92 North		
The new name must be distinguishable and contain the v	words "Limited Liabilit	y Company," the designation "LI	C" or the abbreviation	"L.L.C."
A. If amending name, <u>enter the new name o</u>	of the limited liabil	ity company here:		
This amendment is submitted to amend the foll	lowing:	•		
Florida document number L13000061217	*			
The Articles of Organization for this Limited L	iability Company v	vere filed on April 20, 2015	and a	assigned
		a April 26, 2013		. •
	ted Liability Compan (A Florida Limited Li	y as it now appears on our recou ability Company)	<u>rds.</u> )	

## 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>	Name	Address	Type of Action
MGR	David Dunning	1825 Highway 17-92 North	≅ Add
		Davenport, Florida 33837	□ Remove
			☐ Change
			D Add
			□ Remove
			□ Change
	<u> </u>		□ Add
			Remove
and the state of t			IL 23
			OF D D Remove
	***************************************		D Add
			□ Remove
			Change
			□ Remove
			☐ Change

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	<u>,</u>	
•		
	2015 J SECR	
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	TO TO	
	I: 32 ORIDA	
E. Effective date, if other than the date of filing:	(,) Pursuant to 605.02	207 (3)(1 as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. (b) The 90th day after the record is filed.	on the earlier	of:
Dated June 3 , 2015		
Signature of a member or authorized representative of a member  David Dunning, Authorized Representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00