# L13000069790

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SECRETARY OF STATE

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

## JUBLECT: James David Site Prep. and Underground, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

### **Brenda Chambers**

Name of Person

**Total Business Solutions-Bookkeeping Division** 

Firm/Company

603 N Ferdon Blvd

Address

Crestview, FL 32536

City/State and Zip Code

brenda@tbscrestview.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

### **Brenda Chambers**

at (\_850<sub>)</sub>423-1099

Name of Person

Area Code & Daytime Telephone 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 (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

FILED

2013 AUG 14 PM 12: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

James David Site Prep. and Underground, 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 Liab	ility Company were filed on May 13, 2013	and assigned
Florida document number L13000069790		
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>e</u> <u>e address here</u> :	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	eet address
-	, Flori	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Robert A. Helms	6452 Hwy. 85 N	Add
		Crestview, FL 32536	Remove
			Add Remove
			Add Remove
			Add Remove
			Add
<del>,</del>			Add Remove

. If amending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
August 08	
Brenda	Clambour
	Signature of a member or authorized representative of a member
Brenda Cha	mbers
	Typed or printed name of signee

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Filing Fee: \$25.00

FILEU 1013 AUG 14 PM 12: 07 SECRETARY OF STATE SECRETARY OF STATE