# U30009219

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

SEP 1 6 2016 S. YOUNG



# **COVER LETTER**

Division of Cor	porations	¥		
SUBJECT:S	Cocker Constr	ruction LLC ited Liability Company	.,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Jesse	Fame of Person	, .	
	Shocker	- Construction Firm/Company	LLC	
	28 F	bnestretch Address	Lave Apt B	3
	Crawfordville  Legg F.  E-mail address: (1	City/State and Zip Code  City/State and Zip Code  Code	tification)	SEURE TARY TALLAHASSI
For further information co	oncerning this matter, please ca	all:	201-2334	ANIO: 3
Name o	f Person	at (880) 5(	me Telephone Number	35
Enclosed is a check for the	ne 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 Sta Certified Copy (additional copy is e	atus &

### 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

Shacke	r (2015	truction	<u> </u>	
(Name of the Limi	(A Florida Limited	Liability Company)	ers on our records.)	·
The Articles of Organization for this Limited L		y were filed on _	8-2-13	and assigned
This amendment is submitted to amend the foll		٠.,		
A. If amending name, enter the new name o	of the limited lial	bility company h	ere:	
he new name must be distinguishable and contain the v	words "Limited Liab	ility Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:			S
Principal office address MUST BE A STREE	ET ADDRESS)		,	10 ASS
		, *	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Inter new mailing address, if applicable:		<u>.</u>		သ သ
Mailing address MAY BE A POST OFFICE	BOX)			<u> </u>
3. If amending the registered agent and egistered agent and/or the new registered of	or registered o	office address or	n our records, <u>ente</u>	r the name of the
Name of New Registered Agent:				
New Registered Office Address:				
-	<del>*************************************</del>	Enter Flo	orida street address	
•			, Florida	
·	,	City	7 =	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 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
MGR	Josh Collins	69 maripold Dri	VEF W Add
		69 maripold Dri CrawfordvilleFL 33	<u>1327</u> □ Remove
			□ Change
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fective date, if	other than the	date of filir	1g:			(option	al)	
an effective date is	other than the listed, the date must inserted in this blo	t be specific an	nd cannot be pri	or to date of filir	ng or more than	90 days after fil	ling.) Pursua	ant to 605.02
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		Signature of a	- 4/n	thorized represe		anda an		<del></del>

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Filing Fee: \$25.00