L13000141047

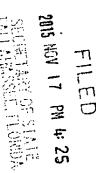
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Office Use Only



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COVER LETTER

SUBJECT: Robert CASSIEVE Construction 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:
Robert CASSIEVE Name of Person Robert CASSIEVE Construction LLC Firm/Company GII BAYWOOD DV Address Lynn Haven FL 32444 City/State and Zip Code deblynn GII @ yahoo. Com
E-relail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Debhie Carpenter at (228) 596-0247 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 Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

TO:

Registration Section **Division of Corporations**

> 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





Division of Corporations

November 3, 2015

ROBERT CASSIERE 611 BAYWOOD DRIVE LYNN HAVEN, FL 32444

SUBJECT: ROBERT CASSIERE CONSTRUCTION, LLC.

Ref. Number: L13000141047

We have received your document for ROBERT CASSIERE CONSTRUCTION, LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page (3) of the Amendment form with signature page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 715A00023206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 NOV 17 PM 4: 25 SECHETARY OF STATE

Robert CASSIA	ere Construct	ion, ZEE FLORIDA
(Name of the Limited Li (A F	ability Company as it now appears on o lorida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document numbe 1300014		1/2015 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
-	City	, Florida Zip Code
	~	Lip Cour

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> **Type of Action** Name **Address** MGRM Jonathon R 611 BAywood Dr DAdd Lynn Haven FL CASSIEVE 32444 ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove □ Change □ Add □ Remove ☐ Change

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00