

L13 000168285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 21 2014

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: scotty b's 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:

scott bell

Name of Person

scotty b's construction llc

Firm/Company

5786 st rd 542 w

Address

winter haven fl 33880

City/State and Zip Code

scotty.bell86@gmail.com

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

For further information concerning this matter, please call:

scott bell

Name of Person

at 863 6622294

Area Code

Daytime Telephone Number

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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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**

scotty b's construction 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 were filed on 01/1/2014 and assigned  
Florida document number 113000168285.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**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 on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

tim bell

New Registered Office Address:

5786 st rd 542 w

Enter Florida street address

winter haven

City

Florida 33880

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.*

timothy bell  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	charles william	3372 ROYAL OAK DR N MULBERRY FL 33860	<input checked="" type="checkbox"/> Add

☐ Remove

AMBR	ROBERT HULSE	3372 ROYAL OAK DR N MULLBERRY FL 33860	<input checked="" type="checkbox"/> Add
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☐ Remove

AMBR	JOSEPH PIERCE	625 AVE B SW WINTER HAVEN FL 33880	<input checked="" type="checkbox"/> Add
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☐ Remove

AMBR	TROY POLING	1740 POINTE DR AUBURNDALE FL 33823	<input checked="" type="checkbox"/> Add
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☐ Remove

☐ Add

☐ Remove

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☐ Remove

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COUNTY  
CLERK  
OFFICE

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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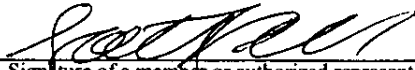
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 12, 2014.



Signature of a member or authorized representative of a member

SCOTT Bell

Typed or printed name of signer

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Filing Fee: \$25.00

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