# L13000175165

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TALL ANASSEE, FLORIDA

### COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

# T.A. MILLER 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:

# THOMAS A. MILLER

Name of Person

## T.A. MILLER CONSTRUCTION, LLC

Firm/Company

8305 REVEILLE RD

Address

ORLANDO, FL 32809

City/State and Zip Code

## RICHARD@RICHARDDANLEY.COM

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

For further information concerning this matter, please call:

## RICHARD DANLEY

<sub>at</sub> 407 892-1002

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:
2014 JAN -2 PM 12: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(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 Florida document number L13000175165	oility Company were filed on	DECEMBER 19, 2013 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company	here:
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability C	ompany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Books)  B. If amending the registered agent and/or registered agent and/or the new registered office.	r registered office address	on our records, enter the name of the new
	-	
Name of New Registered Agent:	THOMAS A. MILLER	
New Registered Office Address:	8305 REVEILLE RD	Enter Florida street address
	ORLANDO	Florida 32809
	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 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 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 Title Type of Action Name **Address** 8305 REVEILLE RD MM TOM MILLER ORLANDO, FL 32809 8305 REVEILLE RD MM THOMAS A. MILLER marm ORLANDO, FL 32809 Remove Remove

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effective date is lis	ted, the date must be spec	g: cific and cannot be more th 2013	(optional) an 90 days after filing.) (605.0207
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Filing Fee: \$25.00

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