# L14000003487

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MAY 13 2019 S. YOUNG

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### **COVER LETTER**

SUBJECT: Plemmons + PRESTWOOD Custom Construction,	шс
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Matthew Plemmons Name of Person	
Plemmons & PRESTWUD Custum (	anst
303 2nd St. Address	
St. Augustine, Fl. 32084  City/State and Zip Code  abprestwood a yahap. com  E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Alysia B. PRESTLUDO at 904 608-1416  Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Book Certificate of Status \$55.00 Filing Fee & Certificate of Status \$60.00 Filing Fee & Certificate of Statu	tatus &

#### MAILING ADDRESS:

TO:

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

(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	ed
The Articles of Organization for this Limited Liability Company were filed onOI/08/2014_ and assign	ed
Florida document number <u>L14000003487</u> .	
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 contain 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)	
	<del>n</del>
	= n
Enter new mailing address, if applicable:	J
(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 registered agent and/or the new registered office address here:	the new
Name of New Registered Agent: Alysia B. PRESTWOOD	
New Registered Office Address:  363 2 rd St.  Enter Florida street address	
St. Augustine Florida 32084	
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 Degistered 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 = Mai AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Alysia B. PRESTWOOD	303 2nd St. St. Augustine, FL 32084	Add Remove
			Change
AMBR	Roy Vance PRESTWOO, JR	P.O. Box 3466 St. Augustine Fl. 32084	
		St. Augustine Fl. 32084	Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			Change
	<del></del>		Add
		****	Remove
			Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
	,
(If an ei <u>Note:</u>	(optional)  Tective date, if other than the date of filing:  (optional)  Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	May 1 2019
	Signature of a member or authorized representative of a member
	Matthew L. Plemmons  Typed or printed name of signee

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Filing Fee: \$25.00