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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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06/27/14--01011--002 **25.00



JUN 2,7, 2014 J. BRUCE

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	11000	oction, LLC ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspor	ndence concerning this matter	to the following:			
	Routh 1403 Lynn Routh	le Poutt Name of Person Con Struction Firm/Company Marylanc Address Haven City/State and Zip Code On Struction @	Ave. 2 32444 2 Gmail con	o de la companya de	
		to be used for future annual repor	t notification)	291	-
For further information co	oncerning this matter, please ca	an:	,	JUN 2	CONTRACTOR .
Name of		at (<u>850</u>) <u>5</u> Area Code Do	41-3105 aytime Telephone Number	27 PH 4: 0	
Enclosed is a check for the				12. Li	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

Koutt (Construction LLC		
(<u>Name of the Limited Li</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liabilit		and as	signed
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 end with the words	s "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 AL	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	0		
B. If amending the registered agent and/or registered agent and/or the new registered office a		r the name	of the nev
		2011 EAST	coess.
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:		127 458	Carrier's
	Enter Florida street address	mon T	
	, Florida _	图约 🚅	2125 CE
	City	22 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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
16R	Carrie Rout	1403 Mayland Au Lynn Haven FL 3	L Shadd
		Lynn Haven PL 3	
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		□ Remove.
			Remove
			Add□ Remove

	<u> </u>
	e, if other than the date of filing: (optional) e must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ument is filed by the Florida Department of State)
the date this doc	
the date this doc	ument is filed by the Florida Department of State)
the date this doc	ument is filed by the Florida Department of State)

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Filing Fee: \$25.00

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