# L14000100285

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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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B. BOSTICK
SEP - 9 2014
EXAMINER

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

Kirkland Siding and Drywall 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:

## **David Kirkland**

Name of Person

# Kirkland Siding and Drywall LLC

Firm/Company

187 Concord Circle

Addres

Panama City, Fl. 32405

City/State and Zip Code

davidkirklandart@yahoo.com

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

For further information concerning this matter, please call:

David Kirkland

<sub>it</sub>850<sub>)</sub>867-94

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

TITO

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kirkland Siding and Drywall LLC					
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our recordited Liability Company)	<u>s.</u> )			
The Articles of Organization for this Limited Liability Company were filed on 06/23/2014  Florida document number L14000100285				and assigned	
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	C" or the ab	breviation "l	L.L.C."	
Enter new principal offices address, if applicable:		17.73 27.73	231		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	1 . 7	13 1		
			<del>-</del> ->	CONTRACTOR OF THE PARTY OF THE	
		{ →	2		
Enter new mailing address, if applicable:			T.		
(Mailing address MAY BE A POST OFFICE BOX)		SH.	<u>~</u>		
			·		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		s, <u>enter t</u>	he name	of the new	
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City		Zip Code		
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>				

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nina Melvin	2519 Chaucer Circle	Add
		Panama City, Fl. 3240	
		<del>*************************************</del>	□ Remove
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			ST. 12: 5
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			☐ Remove

D. If amending any other information, enter change(s) here: (Attach all FEIN # 47-1208686	dditional sheets, if necessary.)
1 111 # 47-120000	
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cathe date this document is filed by the Florida Department of State)	(optional) unnot be more than 90 days after
Dated Aug 29 , 2014	$\bigcirc$
sove Dakla	
Signature of a member or authorized represer	tative of a member
David Kirkland	
Typed or printed name of com	100

Page 3 of 3

Filing Fee: \$25.00

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