## 440000102268

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## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:C	oldwater Cons Name of Lim	truction LLC ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
		effery D Fredy Name of Person	•		
·	<u>C</u> o	Id water Construction Firm/Company	n LLC	201 TAL	
		64 Hwy 182 Address		TALLAHASSE	B. The State of Barton of
		City/State and Zip Code  On Frady & Gravil, a to be used for future annual report notifi		A OF STATE	THE STATE OF THE S
For further information	concerning this matter, please co	-	nearon)		~~
Jeff Name	Pery D Frady of Person	at (850) 232 Area Code Daytime	- 1761 c Telephone Number		
Enclosed is a check for t	<u>,</u> -				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Co (additional cop	of Status &	
MAIL	LING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coldwater C	onstruction LL	C
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our rec d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Companies Florida document numberLIY000102268	ny were filed on 7-3-	2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation '	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>≯s</u> 28
(Principal office address MUST BE A STREET ADDRESS)		
		22 F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		rds, enter the name of the new
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	
New Registered Agent's Signature, if changing Registered Agen	City	FloridaZip Code

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>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joseph E Cook	8325 Tidwell Rd. Pace Fl. 32571	B Add
			□ Remove
			Remove
			2011-09V   Vertical Control of Co
			Add
			Remove
			□ Remove
			☐ Remove

Effective date, if other than the date of filing:			mation, enter change(s) here: (Attach additional	i amending any other into
ated November 5, 2014.  Senature of a member or authorized representative of a member  Teffery D Frady  Typed or printed name of signee				,
ated November 5 , 2014 .  Senature of a member or authorized representative of a member  Teffery D Frady  Typed or printed name of signee				
ated November 5 , 2014.  Senature of a member or authorized representative of a member  Teffery D Frady  Typed or printed name of signee				
ated November 5 , 2014  Signature of a member or authorized representative of a member  Teffery D Frady  Typed or printed name of signee				· · · · · · · · · · · · · · · · · · ·
ated November 5 , 2014  Signature of a member or authorized representative of a member  Teffery D Frady  Typed or printed name of signee		(optional)	he date of filing:	fective date, if other than
Signature of a member or authorized representative of a member  Teffery D Fracty  Typed or printed name of signee		1 90 days after	annot be prior to date of receipt or filed date and cannot be m Florida Department of State)	e effective date must be specific to date this document is filed by
Teffery D Fracy  Typed or printed name of signee			<u>5</u> , <u>2014</u> .	ated November
Teffery D Fracy  Typed or printed name of signee			relling a zent	
LAHASSEC. FI			Signature of a member or authorized representative of a	•
LAHASSEC. FI	~		Jeffery D Frady	<del> </del>
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Filing Fee: \$25.00