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August 22, 2014

DICK WILDER 2425 E. HWY 318 CITRA, FL 32113

SUBJECT: GET-R-DONE DIGGER LLC

Ref. Number: L14000119119

We have received your document for GET-R-DONE DIGGER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

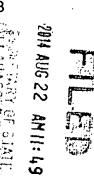
Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 514A00018133



COVER LETTER

TO:

Registration Section Division of Corporations

Get-R-Done Digger,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:

	Dick Wilder					
		Name of Person				
	Cet-R=	Done Dig	ger, LLC			
	2425 E.Hwy	_/ . 318				
	**************************************	Address	· · · · · · · · · · · · · · · · · · ·			
	Citra, Fla 32	2113		5 P	22	
		City/State and Zip Code		- 350 (1500) 1500)	2014 AUG 22	andril.
	lucinda9@mywa	y.com			AU(
	E-mail address:	(to be used for future annual rep	port notification)		2	Parties in
For further information cor	ncerning this matter, please of	call:				Anishina B
Dick Wilder		_{at} 352, 44	3-1135	H 5 1	AM 11: 49	
Name of I	Person	Area Code	Daytime Telephone Number	TO THE	61	
Enclosed is a check for the	following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filin	ng Fee,		

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Cod	e	
	, Flo			
New Registered Office Address:	Enter Florida street address			
Naw Projetored Office Address				
Name of New Registered Agent:				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the main	e 100 t	the nev
		프	-	3
			MI	E CALL
(Mailing address MAY BE A POST OFFICE BOX)	·	<u></u>	~	2
Enter new mailing address, if applicable:			<u>v</u>	October 1
			AUG	
		- Z	2914	
(Principal office address MUST BE A STREET ADDRESS)	Citra, Fla. 32113			
Enter new principal offices address, if applicable:	2425 E Hwy. 318			
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC	or the abbreviation	"L.L.C	<u>; </u>
Get-R-Done Digger,LLC				
A. If amending name, enter the new name of the limited liab	ility company here:			
This amendment is submitted to amend the following:				
Florida document number L14000119119				
The Articles of Organization for this Limited Liability Company	were filed on <u>)08/18/2014</u>	and a	assigne	∌d
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records	7)	-	
Get-R-Done Digger,LLC				

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dick Wilder	2425 E Hwy.318	= Add
		Citra Fla.32113	☐ Remove
AMBR	Phonda Wilder	2425 E HWY. 318	⊠ Add
		Citra, Fla 32113	☐ Remove
AMBR	Cheyenne Strauser	2425 E. HWY 318	(R) Add
		Citra, Fla 32113	☐ Remove
AMBR	Dakota Strauser	2425 E HWY 318	\$ Add
	,	Citra, Fla 32113	□ Remove
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			Remove
			AHII: 49
			□ Remove

f amendia;	any other informs	tion, enter change(s)	bere: (Attach additi	Vina .
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Dated S	ocument is filed by the Fi	ot be prior to date of receip orida Department of State)	or tiled date and cannot	be more than 90 days after
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Page 3 of 3
Filing Fee: \$25.00

