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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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04/24/20--01008--009 **25.00

20 APR 24 AM 11:30

Amend

MAY 11 2020

D CUSHING

COVER LETTER

TO: **Registration Section
Division of Corporations**

George Troy Crain Stucco LLC

SUBJECT: _____
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:

George Troy Crain

Name of Person

George Troy Crain Stucco LLC

Firm/Company

8901 Figland Ave

Address

Pensacola, FL 32514

City/State and Zip Code

Georgetroycrainstucco@gmail.com

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

For further information concerning this matter, please call:

George Troy Crain

850 490-5127
at (808) 256-0996
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 APR 2011 11:55

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

George Troy Crain Stucco LLC

(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 09/25/2014 and assigned
Florida document number L14000150440.

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)

Enter new mailing address, if applicable:

(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 the new registered agent and/or the new registered office address here:

☒ **Name of New Registered Agent:**

X Randy Adkins

New Registered Office Address:

235 Bobwhite Dr.

Enter Florida street address

Pensacola

City

Florida

32514

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.

X Randy Adkins
If Changing Registered 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 = Manager
AMBR = Authorized Member

[illegible]

My New Address : George Troy Crain Stucco LLC, 235 Bobwhite Dr. Pensacola, Fl 32514

[illegible]

(If an effective 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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2020

Dated _____,

Dated _____

sign X Randy Askin
Signature of a _____

Signature of a member or authorized representative of a member

Print: ~~X~~ RANDY ADKINS
Typed: _____

Typed or printed name of signee