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## **COVER LETTER**

	Registration Se Division of Cor						
SUD IEC	BTL Cor	struction, LLC					
SUBJEC	<u></u>	Name of Lim	ited Liability Company				
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		Sharon Savage					
			Name of Person				
		BTL Construction, L	LC				
			Firm/Company				
		8280 Princeton Squ	are Boulevard, Su	ıite 1		22. 22	
			Address			2014 NOV	
		Jacksonville, FL 32	256			SYR MATE	
			City/State and Zip Cod	e		STEF SY OF	TY
		sharon@woodlandca				F S F L S	195.93
		E-mail address: (	to be used for future annu-	al report notification	on)	2: 28 STATE FLORUD	
For furth	er information c	oncerning this matter, please ca	all:				
Sharo	n Savage	:	904 (	647-9304			
	Name o	f Person	Area Code	Daytime Tele	ephone Number	<del></del>	
		1 1					
Enclosed	l is a check for th	he following amount:					
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		Certified (	of Status &	
	Registr	ING ADDRESS:	Registr	ET/COURIER A			
		on of Corporations ox 6327		n of Corporation Building	<b>IS</b>		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BTL Construction, LLC		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 09/26/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Lie	ability Company," the designation "LI:C" o	
Enter new principal offices address, if applicable:		2014
(Principal office address MUST BE A STREET ADDRESS)		24 0
7 morphi office and construct the second of		10 P
3		PR IT
Enter new mailing address, if applicable:		150 N
(Mailing address MAY BE A POST OFFICE BOX)		20
, , , , , , , , , , , , , , , , , , , ,		
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he		nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
;	, Florid	
	City	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 = Manager AMBR = Authorized Member <u>Title</u> **Type of Action** <u>Name</u> **Address Christopher Ward MGR** 8280 Princeton Square Blvd., Suite 1 Add Jacksonville, FL 32256 ☐ Remove □ Add ☐ Remove □ Add ☐ Remove □ Add □ Remove □ Add ☐ Remove

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	te of filing: e prior to date of receipt or filed date and cannot be mo a Department of State)	(optional) re than 90 days after
te this document is filed by the Florida		
October 31	2014	
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