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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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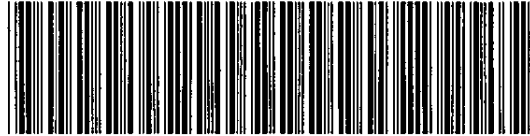
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 13 2015
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LANGLEY WELL DRILLING AND PUMP SERVICE, 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:

DEREK LANGLEY

Name of Person

LANGLEY WELL DRILLING AND PUMP SERVICE, LLC

Firm/Company

PO BOX 295

Address

LECANTO, FL 34460

City/State and Zip Code

LANGLEYWELL@GMAIL.COM

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

For further information concerning this matter, please call:

DEREK LANGLEY

352 302-0479
at ()

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

KELVIN LANGLEY, 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 01/20/2015 and assigned
Florida document number L15000015868.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LANGLEY WELL DRILLING AND PUMP SERVICE, LLC

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:

1000 S LINE RD

(Principal office address MUST BE A STREET ADDRESS)

LECANTO, FL 34461

Enter new mailing address, if applicable:

PO BOX 295

(Mailing address MAY BE A POST OFFICE BOX)

LECANTO, FL 34460

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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2015 AUG 12 PM 3:11
TALLAHASSEE, FL
SECRETARY OF STATE

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PD	KELVIN LANGLEY	PO BOX 295	☐ Add
		LECANTO, FL 34460	☐ Remove
			☒ Change
VP	DEREK LANGLEY	PO BOX 295	☒ Add
		LECANTO, FL 34460	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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2015 AUG 12 PM 11:46
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TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

August 7, 2015

Signature of a member

KELVIN LANGLEY

Signature of a member or authorized representative of a member

KELVIN LANGLEY

Typed or printed name of signee