L150000199208

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	JL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



800269720448

02/23/15--01015--005 **25.00



COVER LETTER

	sion of Corp						
SUBJECT:	LARRY D	ARNELL WARREN CO	ONSTRUCTION LLC				
SUBJECT.		Name of Lim	ited Liability Company				
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
		LARRY D WARREN					
			Name of Person				
			Firm/Company				
	3527 OLEANDER ST						
	. Address						
	JACKSONVILLE, FL 32254						
		MLR1040@AOL.COI					
			to be used for future annual report notific	cation)			
For further in	formation co	ncerning this matter, please ca	all:				
MARY L ROBERTS EA Name of Person			904 781-1040				
			at () Area Code Daytime	Telephone Number			
Enclosed is a	check for the	following amount:					
■ \$25.00 Fi	iling 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2015 FEB 23 PN 3: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA

LARRY DARNELL WARREN CONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

ility Company were filed on 02/16/2015	and assigned			
08				
ing:				
ne limited liability company here:				
JCTION LLC				
rds "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."			
le:				
ADDRESS)				
registered office address on our records, e				
Caddress nere .				
Finter Florida street address				
City , Florid	la Zip Code			
	ing: Selimited liability company here: OCTION LLC Ids "Limited Liability Company," the designation "LLC" of the Ide:			

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:

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
	** 1300 1000 1000 1000 1000 1000 1000 10		Add
			□ Remove
 			
			Remove
			
			Aud
			□ Remove
			Remove
			□ Add
			☐ Remove

D.	lf am	ending ar	y other info	mation,	enter chang	e(s) here:	(Attach a	dditional	sheets, ij	(necessary.)	
	.	· Only	amendi	ng 40	COFFEC	t spel	<u>lling e</u>	TTOF	۰ ۸ ۰	iane.	
			_				,	•			
E.	(The ef	fective date i	if other than must be specific, ment is filed by the	cannot be p	rior to date of r		d date and ca	nnot be mo		optional) days after	
	Dated	FEBRU	JARY 17		. 20	15	_ •				
		0	Jani	18). W	2an	in	P			
		LAR	RY D WAF	\mathbf{v}	fure of a memb				member		
					Type	d or printed	name of sim	14242			

Page 3 of 3

Filing Fee: \$25.00

