

L15000041374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2016 DEC 30 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
DEC 30 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2016

CONCEPTUAL DESIGN & CONSTRUCTION LLC
ALICE MOTES
4164 HUCKLEBERRY FINN RD.
MILTON, FL 32583

SUBJECT: CONCEPTUAL DESIGN & CONSTRUCTION LLC
Ref. Number: L15000041374

RECEIVED
2016 DEC 30 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CONCEPTUAL DESIGN & CONSTRUCTION LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed are the missing pages, if there are no changes to the MGRs of the company, please sign page 3 of 3 and return both pages to our office.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 616A00026801

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Conceptual Design & Construction 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:

Alice Motes
Name of Person

Conceptual Roofing Design & Construction LLC
Firm/Company

4164 Huckleberry Finn Rd
Address

Milton, Florida 32583
City/State and Zip Code

amotes16912@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alice Motes at (850) 626-3471
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Conceptual Design & Construction LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 3/6/2015 and assigned
Florida document number L15000041374

This amendment is submitted to amend the following:

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

Conceptual Roofing Design & Construction 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:

(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:

Alice Motes

New Registered Office Address:

4164 Huckleberry Finn Rd

Enter Florida street address

Milton

City

Florida

32583

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.

Alice Motes

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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.

Dated 12/27, 2016

Alice Motes

Signature of a member or authorized representative of a member

Alice Motes

Typed or printed name of signee