

LP000048431

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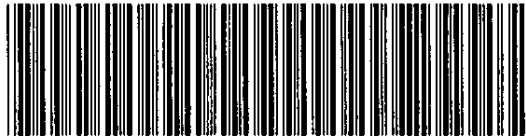
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA

SEP 02 2015
S. YOUNG

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: ARLEN CONSTRUCTION GROUP, 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:

JAMES W. KING
Name of Person

Firm/Company

945 W. MICHIGAN AVE STE 5B
Address

PENSACOLA, FL 32505
City/State and Zip Code

KINGCO1040@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES W KING at (850) 434-2400
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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TALLAHASSEE, FL 32301
SECRETARY OF STATE

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

ALLEN CONSTRUCTION GROUP, 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 _____ and assigned
Florida document number 215000048431.

This amendment is submitted to amend the following:

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

ALLEN CONSTRUCTION GROUP, 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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 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
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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Dated AUGUST 27, 2015


Signature of a member or authorized representative of a member

ROY M. ALLER
Typed or printed name of signee

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Limited Liability Company**

ALLEN CONSTRUCTION GROUP, LLC

Filing Information

Document Number	L15000048431
FEI/EIN Number	NONE
Date Filed	03/17/2015
Effective Date	03/13/2015
State	FL
Status	ACTIVE

Principal Address415 CARY MEMORIAL DRIVE
PENSACOLA, FL 32505**Mailing Address**415 CARY MEMORIAL DRIVE
PENSACOLA, FL 32505**Registered Agent Name & Address**KING, JAMES W, JR
945 W MICHIGAN AVE
SUITE 5B
PENSACOLA, FL 32505**Authorized Person(s) Detail****Name & Address**

Title MGR

ALLEN, ROY M
415 CARY MEMORIAL DRIVE
PENSACOLA, FL 32505

Title AMBR

ALLEN, MARCUS S
415 CARY MEMORIAL DRIVE
PENSACOLA, FL 32505

Title AMBR

POWE, TERESA R

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Annual Reports

No Annual Reports Filed

Document Images

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