# L15000090722

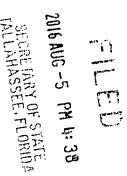
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,
NOT ENail	)_	

Office Use Only



400287334554

07/21/16--01030--003 \*\*30.00



K.SALY EXAMINER AUG 8



# FLORIDA DEPARTMENT OF STATE Division of Corporations

July 22, 2016

B&D CONSTRUCTION AND VINYL SIDING L.L.C. ROBERT L ALLRED 9921 JAY RD. PENSACOLA, FL 32526

SUBJECT: B&D CONSTRUCTION AND VINYL SIDING L.L.C.

Ref. Number: L15000090722

We have received your document for B&D CONSTRUCTION AND VINYL SIDING L.L.C. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L01000001153 "B&D, LLC".

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: 016A00015418

### **COVER LETTER**

Division of Corporations				
SUBJECT: BED Construction and Viny L siling L.L.C. 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:				
Robert L. ALLRED  Name of Person				
BED Construction and vinyl siding L.L.C. Firm/Company				
9921 Jay Rd Address				
Pensacola, FL. 32526  City/State and Zip Code  Bobby Allred 1970 @ Yahar. com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Robert L. ALURED at (251) 223-1487  Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\Begin{array}{cccccccccccccccccccccccccccccccccccc				

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

	<u> </u>
ARTICLES OF OI	RGANIZATION F//
OF	2016 AUG - ED
B&D Construction and Vine (Name of the Limited Liability Company (A Florida Limited Lia	RGANIZATION  2016 AUG 5  As it now applears on our records.)  As it now applears on our records.  As it now applears on our records.
The Articles of Organization for this Limited Liability Company w	were filed on May 2/s+ 2015 and assigned were
Florida document number <u>L150000 90 722</u> .	/
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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)	Same
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	Sqme
New Registered Office Address:	Enter Florida street address
	Lines 1 with Street address
	Florida

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

or removed from our records: FILED MGR = Manager AMBR = Authorized Member 2016 AUG -5 PM 4: 38 <u>Title</u> <u>Address</u> Type of Action <u>Name</u> □ Add □ Remove \_ Change \_□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add \_□ Remove \_□ Change ☐ Add □ Remove ☐ Change □ Add □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter title, name, and address of each person being added

_	FILE
-	TALLAHASSO OF S
	TASECRES PM 4
_	TELANTARY OF STATE
	TALLAHASSEE, FLORIL
_	*
_	
<del></del>	
_	
an effec ote: It	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	July 18, 2016. Robert Z. allred
	Signature of a member or authorized representative of a member
	Robert L. AURED Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00