115000108168

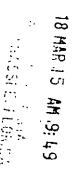
(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ıment Number)	<u></u>
Certified Copies	Certificate:	s of Status
Special Instructions to Fi	ling Officer:	





800310247738

03/15/18--01013--017 **25.00



MAR 1 6 2018

Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Thillips Concrete 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:
Karina L. Phillips Name of Person
Phillips Concrete Construction LC
14 Twisted Oak trl
Sha imar FL 32579 City State and Zip Code
Phillips Concrete Construction & Smail. Com
For further information concerning this matter, please call:
Eric Fhillips Name of Person at (850) 376-9990 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is anchorad) S60.00 Filing Fee. Certified Copy (additional copy is anchorad)

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

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records. d Liability Company))
The Articles of Organization for this Limited Liability Compar Florida document number <u>L15000108168</u>	ny were filed on <u>Le 122 15</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ibility 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)		
		R
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, ere:	enter the Mame of the new
Name of New Registered Agent:		4
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	Flor	rida
	Cny	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple- accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and s provided for in Chapter 605. F	l I am familiar with and '.S. Or, if this document is

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 Type of Action **Address** Title Name 492 Jillian De- DAdd AMBR Bell, Shawn J. Crestriew, Fl 32536 ☐ Change AMBR Hollyday, Kurt T 2 Hampton court mary Esther, FL 32569 ☐ Change □ Remove Changes \Box Add □ Remove ☐ Change D Add ☐ Remove ☐ Change

	
	<u> </u>
	_ - _
_,	~
	
<u> </u>	8 MAR
<u> </u>	
 (1).	
 	<u>, i</u>
15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	49

Page 3 of 3

Filing Fee: \$25.00