

US000119878

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 27 2015
S. YOUNG

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: SOUTH FLORIDA BUILDERS 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:

PAUL (DOUGLAS) WATHEN

Name of Person

SOUTH FLORIDA BUILDERS GROUP LLC

Firm/Company

12310 WHITE PINE LANE

Address

FORT MYER, FL 33913

City/State and Zip Code

DOUG.WATHEN@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUG WATHEN

Name of Person

at (239)

Area Code

292-7429

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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**

SOUTH FLORIDA BULLDOGS 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 7/15/15 and assigned Florida document number L15000119878.

This amendment is submitted to amend the following:

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

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:

PAUL D. WATSON

New Registered Office Address:

Same

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

Title	Name	Address	Type of Action
AMBR	PAUL D. WATHEN	12310 White Pine Lane	<input checked="" type="checkbox"/> Add
		Fort Myers FL 33913	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DOUG WATHEN (Remove)		<input type="checkbox"/> Add
	LEGAL NAME PAUL D. WATHEN		<input checked="" type="checkbox"/> Remove
	D STANDS FOR DOUGLAS		<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE NAME TO PROPER NAME

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

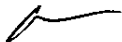
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 10/14/15, _____.



Signature of a member or authorized representative of a member

PAUL D WATHEN

/ DOUG WATHEN (SAME PERSON)
Typed or printed name of signee

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

SOUTH FLORIDA BUILDERS GROUP LLC.

Filing Information

Document Number L15000119878
FEI/EIN Number NONE
Date Filed 07/15/2015
State FL
Status ACTIVE

Principal Address

12310 WHITE PINE LANE
FORT MYERS, FL 33913

Mailing Address

12310 WHITE PINE LANE
FORT MYERS, FL 33913

Registered Agent Name & Address

WATHEN, DOUG
12310 WHITE PINE LANE
FORT MYERS, FL 33913

*PAUL D. WATHEN***Authorized Person(s) Detail****Name & Address**

Title AMBR

WATHEN, DOUG
12310 WHITE PINE LANE
FORT MYERS, FL 33913

PAUL D. WATHEN

Title AMBR

WATHEN, NORMA
12310 WHITE PINE LANE
FORT MYERS, FL 33913

Title MGR

WATHEN, BRIAN
110 14TH STREET NE
NAPLES, FL 34120

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