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K. SALY EXAMINER

AUG 23

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Prewett Contracting 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:
William Prewett Name of Person
Prewett Contracting LLC Firm/Company
4268 Legare Aul Address
St. Augustine FL 32080 City/Slate and Zip Code
Teresca Drewett @ col. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Teresa Prewett at 404, 663-3005  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{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

FILED
2016 AUG 18 AM II: 31 ARTICLES OF ORGANIZATION The Articles of Organization for this Limited Liability Company were filed on August\_13,2016 and assigned

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 L	iability Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
•			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	i 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:

AMBR = Authorized Member Name Title Address **Type of Action** Jason Noel Charles 4270 Loyare Ave 10 Add MGR St. Augustine FL 32080 Remove ☐ Change Teresa Prewett 4268 LOGGRE AUL XADD mer St. Augustine FL 32080 - Remove ☐ Change ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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(If an effective dans Note: If the contract of	e, if other than the da ate is listed, the date must be date inserted in this block ffective date on the Depa	specific and cannot be produced does not meet the app	ior to date of filing or more the licable statutory filing request.	(optional) nan 90 days after filing.) nuirements, this date v	Pursuant to 605.0207 vill not be listed as
) The 90th	day after the record	l is filed.	not an effective time		on the earlier of
Dated	-15-2016		·		
!	villen (	Partiture of a member or an	ithorized representative of a	member	
		Drawatt			

Page 3 of 3

Filing Fee: \$25.00