## 15000152467

(Re	questor's Name)	·····
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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2015 OCT -1 PM 3: 35

ksaly Examiner OCT -5 2015

## **COVER LETTER**

TO: Registration Division of C			
Joseph P	erry Contracting LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Joseph Perry		
		Name of Person	
	Joseph Perry Contracting	LLC	
		Firm/Company	
	27101 Missouri St, #42		
		Address	
	Hilliard, FL 32046		
		City/State and Zip Code	
	jdsaperry@gmail.com		
	E-mail address: (	to be used for future annual report no	otification)
For further information	n concerning this matter, please c	all:	
Joseph Perry		904 290-0159	
Nam	e of Person		me Telephone Number
Enclosed is a check for	r 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

FILED
2015 OCT - 1 PM 3: 35
FALLAHASSEE. FLORIDA

Joseph Perry Contracting 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 Comp	pany were filed on 9/8/1.	and assigned
Florida document number L15000152467		
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 desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:		ur records, enter the name of the new
New Registered Office Address:		
	Enter Floride	street address
<del></del>	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent		Zip Cone
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this cap lete performance of my t as provided for in Che	duties, and I am familiar with and upter 605, F.S. Or, if this document is
Ĩſ	Changing Registered Agen	, 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>	Address	Type of Action
AMBR	Sherry Perry	27101 Missouri St, #42.	■ Add
		Hilliard, FL 32046	☐ Remove
			☐ Change
		***************************************	
		***************************************	Remove
			□ Change
		- 173 /	Change
			ACCUPATION ASSET STATES
			□ Add □ Remove
			□ Change
			Add
		☐ Remove	
			☐ Change
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		_	Change

Effective date, if other than the date of filing:  (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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date with not be listed as a document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  September 18  2015  Augustuse of a member or authorized representative of a member					,	,		
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Filing Fee: \$25.00

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