

415 000 175 FF3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700288451997

08/11/16--01023--013 **30.00

2016 AUG 11 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
EXAMINER

AUG 12

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: King Solomon's Builders, 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:

Thomas H. Birka

Name of Person

Paul Rushing Construction, LLC

Firm/Company

PO Box 1322

Address

DeFuniak Springs, FL 32435

City/State and Zip Code

thomasbirka@yahoo.com

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

For further information concerning this matter, please call:

Thomas H. Birka

850 865-4068
at ()

Name of Person

Area Code

Daytime Telephone Number

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**

FILED
2016 AUG 11 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

King Solomon's Builders, 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 10/15/2015 and assigned Florida document number L15000175883.

This amendment is submitted to amend the following:

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

Paul Rushing Construction, LLC

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:

55 Sidney Ave

(Principal office address MUST BE A STREET ADDRESS)

DeFuniak Springs, FL 32433

Enter new mailing address, if applicable:

PO Box 1322

(Mailing address MAY BE A POST OFFICE BOX)

DeFuniak Springs, FL 32435

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: _____

New Registered Office Address: _____

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

FILED
 2016 AUG 11 PM 3:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Paul W. Rushing	55 Sidney Ave	<input checked="" type="checkbox"/> Add
		DeFuniak Springs, FL 32433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	B. Sue Rushing	1597 Hwy 83 N.	<input checked="" type="checkbox"/> Add
		DeFuniak Springs, FL 32433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kirby W. Rushing	1597 Hwy 83 N.	<input checked="" type="checkbox"/> Add
		DeFuniak Springs, FL 32433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Thomas H. Birka	1597 Hwy 83 N.	<input type="checkbox"/> Add
		DeFuniak Springs, FL 32433	<input type="checkbox"/> Remove
			<input checked="" 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

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

Lined area for amending information.

FILED
2016 AUG 11 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

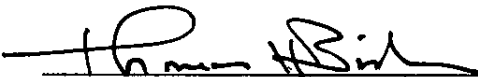
E. Effective date, if other than the date of filing: _____ (optional)

(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 August 9, 2016



Signature of a member or authorized representative of a member

Thomas H. Birka

Typed or printed name of signee