

L15000178991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

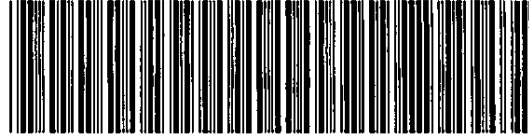
(Business Entity Name)

(Document Number)

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FILED
16 AUG 11 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 12 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

Timberwood Construction, LLC

SUBJECT: _____
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:

Arturo Obadia

Name of Person

Timberwood Construction, LLC

Firm/Company

12001 Abess Blvd. Apt 2208

Address

Jacksonville, FL 32225

City/State and Zip Code

timberwoodconstruct@gmail.com

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

For further information concerning this matter, please call:

Arturo Obadia Corzo

904

609-2913

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2016

arturo obadia
12001 abess blvd apt 2208
jacksonville, FL 32225

SUBJECT: woodruff construction, llc
Ref. Number: L15000178991

2016 AUG 11 PM 4:18
TALLAHASSEE, FLORIDA

We have received your document for woodruff construction, llc and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 216A00015960

2016 SEP 11 PM 3:22
TALLAHASSEE, FLORIDA

**TO
ARTICLES OF ORGANIZATION
OF**

Timberwood Construction, 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 10/21/2015 and assigned
Florida document number L15000178991

This amendment is submitted to amend the following:

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

~~Woodruff Construction, LLC~~

Woodruff Designing and Remodeling, 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:

(Principal office address MUST BE A STREET ADDRESS)

12001 Abess Blvd Apartment 2208

Jacksonville, FL 32225

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12001 Abess Blvd Apartment 2208

Jacksonville, FL 32225

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sara B. Obadia		<input type="checkbox"/> Add
		12001 Abess Blvd Jacksonville, FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRET
AUG 1 1963
FALL 1963
FLORIDA

Lined area for document content.

E. Effective date, if other than the date of filing: 07/20/2016 08/08/2016 (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 July 19th August 8th, 2016


Signature of a member or authorized representative of a member

Arturo A. Obadia Corzo

Typed or printed name of signee

16 AUG 11 PM 3:22
RECEIVED
DEPT. OF STATE
TALLAHEEEE FLORIDA