

L15000210837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

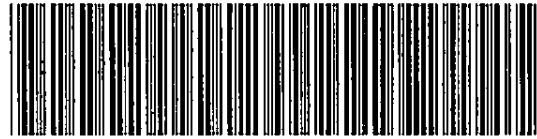
(Business Entity Name)

(Document Number)

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18 MAR 19 PM 10:51

J. LEGGETT
MAR 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARRISON'S BETTER BUILT HOMES 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:

SHON HARRISON

Name of Person

HARRISON'S BETTER BUILT HOMES LLC

Firm/Company

146 GONE FISHING ST

Address

WEWAHITCHKA, FL 32465

City/State and Zip Code

harrisonbetterbulthomes@gmail.com

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

For further information concerning this matter, please call:

SHON HARRISON

850

850-541-5882

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

HARRISON'S BETTER BUILT HOMES, 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 12/24/2015 and assigned Florida document number L15000210837.

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:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WHITFIELD, ADAM J	709 WOODWARD AVE.	<input type="checkbox"/> Add
		PORT ST. JOE FL 32456	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JONES, CHARLES W	219 9TH ST.	<input type="checkbox"/> Add
		PORT ST. JOE FL 32456	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MOHR, TODD ALLEN NR	280 HURD ST	<input type="checkbox"/> Add
		WEWAHITCHKA FL 32465	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	TUTTLE, ERNEST M	6215 IVY RD.	<input checked="" type="checkbox"/> Add
		PANAMA CITY, FL 32404	<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

18 MAR 19 11:00 AM

PH10:51

(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)

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.

Shon Harris
Signature of a member or authorized representative of a member

Typed or printed name of signee