# 4600106236

Office Use Only



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MAR 0 2 2017 S. YOUNG



# **COVER LETTER**

TO:	Registration Sec Division of Corp		•	ý,°	
CUDIE	-	ay Contracting LLC			
SUBJEC	,1; <u> </u>	Name of Limi	ited Liability Company		
		Amendment and fee(s) are subtendence concerning this matter			
		Kelly Fulford			
			Name of Person		
			Firm/Company	<del> </del>	
			Address		
		Odessa, FL 33556		THE SECOND	
			HAR -1 PH 12: 05		
		keljf I @verizon.net E-mail address: (1	ication)		
For furth	er information co	oncerning this matter, please ca	all:		H 12: 06
Kelly F	ulford		813 309-0724		<b>8</b> 55
	Name of	f Person	at () Area Code Daytime	Telephone Number	
Enclosed	is a check for th	ne 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 St Certified Copy (additional copy is e	atus &

**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

# TO ARTICLES OF ORGANIZATION OF

iability Company as it now appears on o lorida Limited Liability Company)	ur records.)
lity Company were filed on	and assigned
ng:	
e limited liability company here:	
"Limited Liability Company," the designate	tion "LLC" or the abbreviation "L.L.C."
e:	
DDRESS)	
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registered office address on our address here:	records, enter the name of the ne
Enter Florida str	eet address
	Placida
City	, Florida Zip Code
	ity Company were filed on  ng:  limited liability company here:  "Limited Liability Company," the designate:  DDRESS)  registered office address on our address here:  Enter Florida str.

#### 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>	Type of Action
MGR	Matthew Fulford	11205 Tarpon Springs Road	
		Odessa, FL 33556	<b>≡</b> Remove
			☐ Change
MGR	Kimberly Williams	20649 Bowman Road	■ Add
		Brooksville, FL 34610	☐ Remove
			□ Change
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of filing: (optional) ceific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
es not meet the applicable statutory filing requirements, this date will not be listed as
nent of State's records.
ctive date, but not an effective time, at 12:01 a.m. on the earlier of
filed.
2017
100 400
ure of a member or authorized representative of a member
v
Typed or printed name of signee
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Filing Fee: \$25.00