116000107402

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
Sign		
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TALLANASSEE TAIL

2016 JUN 28 PH 1:

K.SALY EXAMINER JUN 29



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 14, 2016

JOHN DOYLE CONSTRUCTION LLC JOHN DOYLE 11521 HAMMOCKS GLADE DR. RIVERVIEW, FL 33569

SUBJECT: JOHN DOYLE CONSTRUCTION, LLC

Ref. Number: L16000107402

We have received your document for JOHN DOYLE 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

Karen A Saly Regulatory Specialist II

Letter Number: 816A00012418

COVER LETTER

TO: Registration Section Division of Corporation	ons '		
SUBJECT: JO	hh Doyle (Name of Limite	Cowstruction d Liability Company	, LLC
The enclosed Articles of Amend	ment and fee(s) are submi	itted for filing.	
Please return all correspondence	concerning this matter to	the following:	
	Jo	shu Doyle	
_	John	Doyle Construction	HIDN LLC
	11521	Hammocks Glad Address	le Deive
			
	John Do E-mail address: (to	be used for future annual report notific	6mailu · com ation)
For further information concerni	ng this matter, please call	l:	
Name of Person	Doyle	at (813) 381 C Area Code Daytime	9311 Telephone Number
John Doyle Construction LLC Firm/Company 11521 Hammocks Glade Deive Address Riverview Fl. 33569 City/State and Zip Code John Doyle Construction Of Mailw. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Doyle Construction Of Mailw. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tohn Doyle Construction Of Mailw. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tohn Doyle Deive Address 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

ARTIC	LES OF ORGANIZATION OF	PILED
(Name of the Limited L	Lability Company as it now appears on our recompany)	
The Articles of Organization for this Limited Liabil	lity Company were filed on <u></u> <u> </u>	2016 and assigned
Florida document number <u>LIGOOO 10740</u>	02	•
This amendment is submitted to amend the following	ng:	
A. If amending name, <u>enter the new name of the</u>	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	9	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	dress
_	,	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

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
DNWER	John Doyle	11521 Hammocks Glade DR RIVERVIEW FI 33569		
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ffective dat	e, if other than t	he date of filin	ıg:		(or	otional)	
an effective da	ite is listed, the date r	must be specific an	d cannot be prior		nore than 90 days at	fter filing.) Pursuant to 605. this date will not be liste	
	fective date on the						
e record si	pecifies a delay	/ed effective:	date, but no	t an effective	time. at 12:0:	1 a.m. on the earlie	ro
	day after the r						
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ated	6/24/		, <u>JOI</u>	<u>2</u> .			
			In A	Doyl	<u> </u>		
		Signature of a	member or half	orized representative	e or a member		
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Page 3 of 3

Filing Fee: \$25.00