

LK000204112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

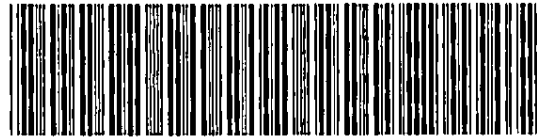
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

5

Office Use Only



400306093704

12/04/17--01019--028 \*\*52.50

01/04/18--01001--015 \*\*2.50

FILED

2018 JAN -3 P 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 14, 2017

KRISTY BROWN  
6504 3RD ST CT W  
BRADENTON, FL 34207

SUBJECT: IDEAL CONSTRUCTION SERVICES LLC  
Ref. Number: L16000204112

We have received your document for IDEAL CONSTRUCTION SERVICES LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$2.50.

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.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 017A00025331

FILED  
2018 JAN -3 P 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ideal Construction Services 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:

Kristy Brown  
Name of Person

Ideal Construction Services, LLC  
Firm Company

6504 3rd ST West  
Address

Bradenton FL 34207  
City/State and Zip Code

idealconstructionsvc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristy Brown at ( 941 ) 524-2112  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JAN -3 P 4:46

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Ideal Construction Services 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 Nov. 7 2016 and assigned Florida document number L16000204112.

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*

FILED  
2016 JAN - 3 P 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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          | Tim Pitman  | 6504 3rd ST CT West  | <input type="checkbox"/> Add               |
|              |             | Bradenton, FL- 34207 | <input checked="" 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            |
|              |             |                      | <input type="checkbox"/> Add               |
|              |             |                      | <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            |

FILED  
 2018 JAN - 3  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: 12/8/17 (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 605.020(4)(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 12/10/17 .

Christy Brown  
Signature of a member or

Signature of a member or authorized representative of a member

Kristy Brown

Typed or printed name of signee

FILED  
2018 JAN - 3 10 46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA