3/17/2017	Florida Department of State Division of Corporations Electronic Filing Cover Sheet
,	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
	(((H17000074897 3))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
~	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : LEGALZOOM, COM INC: Division of Corporations From: Account Name : LEGALZOOM, COM INC:
	Account Number : 120010000062
	Email Address:
₩© PM 1:42	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BIRDIE CONSTRUCTION RESIDENTIAL & COMMERCIAL, LLC Certificate of Status 0 Certificate Of Status 0 1
2017 MAR 17	Page Count 05 Estimated Charge \$55.00

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		3/17/2017 10.33:22 AM PDT	3239628300 From: Meghan Smith
`		COVER LETTER	
TO: Registration Se Division of Cor	ection porations		
SUBJECT:	CONSTRUCTION RESIDE	ENTIAL & COMMERCIAL, LEC	
	Name of Li	nited Liability Company	
			11 M
	Amendment and fee(s) are su	-	
Please return all correspo	ndence concerning this matte	r to the following:	
	Cheyenne Moseley		
		Name of Person	-
	Legalzoom.com, Inc.		-
	101 N. Duned Divid. 11	Firm/Company	
	101 N. Brand Blvd., 11	Address	
	Glendale, CA 91203		
		City/State and Zip Code	
	pjsboa@hotmail.com	(to be used for future annual report notification)	
For further information co	oncerning this matter, please o	· ·	
Cheyenne Moseley		800 773-0888 ext. 9724	123,4
Name of	Person	at () Area Code Daytime Telephone Number	
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
MAILI	NG ADDRESS: ation Section	STREET/COURIER ADDRESS: Registration Section	

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I.

To: Page 4 of 6

3239628300 From: Meghan Smith

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIRDIE CONSTRUCTION RESIDENTIAL &	COMMERCIAL, LLC	TA THE P
(Name of the Linited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000034649</u>	were filed on <u>02/13/2017</u>	and assigned
This amendment is submitted to amend the following:		1
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :	
The new nume must be distinguishable and end with the words "Limited Liah	pility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12882 SILVER SPRINGS DR S	
	JACKSONVILLE, FLORIDA 32	246

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 12882 SILVER SPRINGS DR S

JACKSONVILLE, FLORIDA 32246

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

New Registered Office Address:	Enter Plorida street	address
	City	, Florida Zip Cocle

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

Page 1 of 3

• To: Page 5 of 6

3/17/2017 10:33:22 AM PDT

3239628300 From: Meghan Smith

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If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> <u>Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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To: Page 6 of 6

3239628300 From. Meghan Smith

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

Typed or printed name of signec

Page 3 of 3

Filing Fee: \$25.00

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