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COVER LETTER

	egistration Se vision of Cor			
CUD IEÆT		nstruction, LLC		
SUBJECT	:		ited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retui	n all correspo	ndence concerning this matter	to the following:	
		Meghan E. Allmon		
			Name of Person	
		Allmon Construction, LLC		
			Firm/Company	
		488 Lake Como Drive		
			Address	
		Pomona Park, FL 32181		
			City/State and Zip Code	
		AllmonConstruction@netze		
r. e .			o be used for future annual report notif	(cation)
For further	information co	oncerning this matter, please ca	MI:	
Timothy A	. Allmon		386 937 - 9668 at ()	
	Name of	f Person	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 Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

Allmon Construction, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000036707</u>	were filed on February 15, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)		3 S
		ECRETAR SION OF C
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		2 <u>8</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:		
	. Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605. I	d I am familiar with and F.S. Or, if this document is

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>	Address	Type of Action
AMBR	Levi Johnson	488 Lake Como Drive. Pomona Park FL 32181	🗆 Add
			■ Remove
			Change
AMBR	Jacob A. Frye	488 Lake Como Drive, Pomona Park, FL 32181	□ Add
			■ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change
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Sective date, if other than the effective date is listed, the date in this cument's effective date on the	ust be specific and cannot b block does not meet the	e prior to date of filing applicable statutory	or more than 90 days al	otional) ter (filing.) Pursuant to 60 his date will not be lis	05.0207 sted as
record specifies a delay he 90th day after the re		ut not an effect	ive time, at 12:01	. a.m. on the ear	lier o
ted July 31	2018	·			
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Typed or printed name of signee

Filing Fee: \$25.00