

L17000050597

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17 MAR 30 AM 11:35  
MAR 30 2017

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MAR 31 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Messner and Son 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:

Kathryn Ann Messner

\_\_\_\_\_  
Name of Person

Kathryn Ann Messner LLC

\_\_\_\_\_  
Firm/Company

10105 Crosby Place

\_\_\_\_\_  
Address

Port Saint Lucie, FL 34986

\_\_\_\_\_  
City/State and Zip Code

messner@dow.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn Messner

772 528-2959  
at ( )

\_\_\_\_\_  
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

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

MESSNER AND SON 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 03/03/2017 and assigned  
Florida document number L17000050597.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

KATHRYN ANN MESSNER LLC

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)**

10105 Crosby Place

Port Saint Lucie, FL 34986

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

10105 Crosby Place

Port Saint Lucie, FL 34986

**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:

Kathryn Ann Messner

New Registered Office Address:

10105 Crosby Place

*Enter Florida street address*

Port Saint Lucie

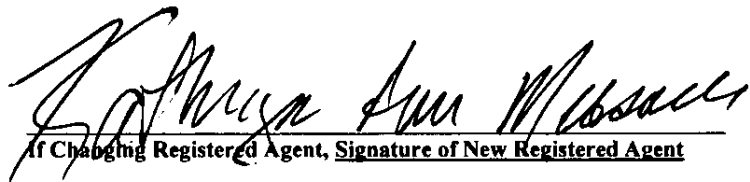
, Florida FL

*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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

FILED  
MAR 30 1935

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 605.0207 (3)(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 March 23rd, 2017

Kathryn Ann Messner  
Signature of a member or authorized representative of a member

**Kathryn Ann Messner**

Typed or printed name of signee

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L17000050597  
FILED 8:00 AM  
March 03, 2017  
Sec. Of State  
mtmoon**

**Article I**

The name of the Limited Liability Company is:

MESSNER AND SON LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

10105 CROSBY PLACE  
PORT SAINT LUCIE, FL. US 34986

The mailing address of the Limited Liability Company is:

10105 CROSBY PLACE  
PORT SAINT LUCIE, FL. US 34986

**Article III**

The name and Florida street address of the registered agent is:

KATHRYN MESSNER  
10105 CROSBY PLACE  
PORT SAINT LUCIE, FL. 34986

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: KATHRYN MESSNER

#### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
KATHRYN MESSNER  
10105 CROSBY PLACE  
PORT SAINT LUCIE, FL. 34986 US

**L17000050597**  
**FILED 8:00 AM**  
**March 03, 2017**  
**Sec. Of State**  
mtmoon

Signature of member or an authorized representative

Electronic Signature: SHANNON KING

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.