

L17000085912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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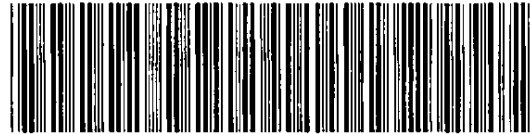
(Business Entity Name)

(Document Number)

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SHARON H. HARRIS
TALLAHASSEE, FLORIDA

2017 JUN 22 PM 2:11

FILED

JUN 20 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAWDUST & RUST 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:

Yvonne Spooner

Name of Person

SAWDUST & RUST LLC

Firm/Company

434 Willow Run

Address

Lakeland, FL 33813

City/State and Zip Code

* YSPooner@msn.com

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

For further information concerning this matter, please call:

Yvonne Spooner

Name of Person

at (863) 608-5054

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**

SAWDUST & RUST 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 04/18/2017 and assigned Florida document number 1,170,000,859,12.

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 "L.L.C." or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

434 Willow Run

Lakeland, FL 33813

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

434 Willow Run

Lakeland, FL 33813

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:

Yvonne Spooner

New Registered Office Address:

434 Willow Run

Enter Florida street address

Lakeland

Florida 33813

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>
AMBR	Adam Sullivan	2841 Deerbrook Dr	<input type="checkbox"/> Add
		Lakeland, FL 33811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Erin Sullivan	2841 Deerbrook Dr	<input type="checkbox"/> Add
		Lakeland, FL 33811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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TALLAHASSEE FL 32309
CLERK OF SUPERIOR COURT

[illegible]

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.

Dated June 19 . 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

FILE
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BIRMINGHAM
TALLAHASSEE FLORIDA