

L17000095414

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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S. WARREN

AUG 29 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2017

WILLIAM L BURGESS \*\*2ND ATTEMPT\*\*  
CUTTING EDGE CONCRETE CUTTING & DRILLING  
1753 NORTH POWERLINE ROAD  
POMPANO BEACH, FL 33069

SUBJECT: CUTTING EDGE CONCRETE CUTTING & DRILLING, LLC  
Ref. Number: L17000095414

We have received your document for CUTTING EDGE CONCRETE CUTTING & DRILLING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 117A00014222



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 13, 2017

WILLIAM L BURGESS  
1753 NORTH POWERLINE RD  
POMPANO BEACH, FL 33069

SUBJECT: CUTTING EDGE CONCRETE CUTTING & DRILLING, LLC  
Ref. Number: L17000095414

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Stacey M Warren  
Regulatory Specialist II

Letter Number: 117A00014222

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CUTTING EDGE CONCRETE CUTTING & DRILLING, 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:

**WILLIAM L. BURGESS**

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

**CUTTING EDGE CONCRETE CUTTING & DRILLING, LLC**

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

**1753 NORTH POWERLINE ROAD**

\_\_\_\_\_  
Address

**POMPANO BEACH, FL 33069**

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

**AMY.BOOKKEEPING@YAHOO.COM**

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

For further information concerning this matter, please call:

**WILLIAM L. BURGESS**

**561 441-7319**  
\_\_\_\_\_  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

CUTTING EDGE CONCRETE CUTTING & DRILLING, 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 MAY 1, 2017 and assigned  
Florida document number L17000095414.

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:

Amy S. Lindgren

885 Gladiola Ave.

Enter Florida street address

Sebastian

City

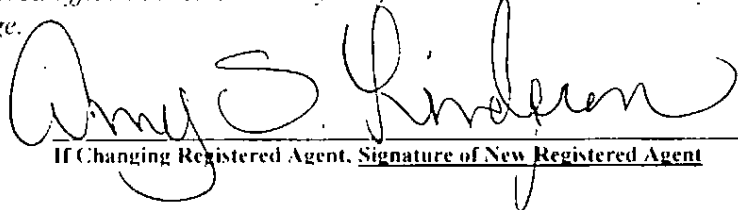
Florida

32958

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.*

  
Amy S. Lindgren  
If Changing Registered Agent, Signature of New Registered Agent

If attending 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	CHARLES W. JOURNEY, JR.	9830 NW 57TH MANOR	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
17 AUG 28 PM 3:29  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FL 32204

[illegible]

(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)

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.

Signature of a member of authorized representative

WILLIAM L. BURGESS

17 AUG 28 PM 3:29