## 117000105290

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400300833944

96/29/17--01015--003 \*\*25.00

2011 JUN 29 PH 4: 15 SECRETARY OF STATE

K SALY JUN 3 0 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Chemery's Construction 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:
Christopher J Chemerys Name of Person
Chemerys Construction LLC Film/Company
14205 Main Street
Aluchua JFL 32615 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chris (he.nery) at (352) 222-6964  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)    S60.00 Filing Fee Certified Copy 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 OR OF	GANIZATION	2017 JUN 29 PM 4: 15
(Name of the Limited Lishility Company (A Florida Limited Lia	struction LLG  asit now appears on our records.)  bility Company)	LLAHASSEE FLORING
The Articles of Organization for this Limited Liability Company we	ere filed on \$ -11-17	and assigned
Florida document number <u>L17000105290</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	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)		
	- 1	
B. If amending the registered agent and/or registered office		enter the name of the ne

Name of New Registered Agent:	<del>.</del>
New Registered Office Address:	Enter Florida street address
	, Florida

City

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

Zip Code

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> Name | <u>Address</u> Type of Action MGR Duane Helle □ Add 13217 NW County Rd. 235 DRemove Alachan, FL 32015 ☐ Change □ Add \_□ Remove ☐ Change ☐ Remove \_□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

_	
_	
_	
_	
_	
	THE SEE TO SEE T
-	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
_	
***	
-	
_	
Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	your day area the record to med.
The	June 27 . 2017.
The	

Page 3 of 3

Filing Fee: \$25.00