# L17000112596

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K. SALY NOV - 9 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: COTTON ELDER 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:
CHRISTIAN ELDER Name of Person
COTTON ELDER CONSTRUCTION, LLC Firm/Company
P.O.BOX 2183  Address
DADE CITY FL 33526  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHRISTIAN ELDER at (504) 259 · 7321  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S55.00 Filing Fee Certified Copy (additional copy is enclosed)  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

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COTTON ELDER CONST  (Name of the Limited Liability Compar (A Florida Limited L	RUCTION,  1y as it now appears on o  iability Company)	SECRETARY OF STATE
The Articles of Organization for this Limited Liability Company of Florida document number \(\(\begin{align*} \L 17\phi\phi\phi 112596 \end{align*}\)	were filed on	22/17 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designate	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	36725 1 DADE C	TRAZEE HILL ROAD TY FL 33523
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O.130X DADE CIT 33526	2183 -4, FC
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stra	vet address
		, Florida
	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: FILED MGR = Manager 2017 NOV -8 PM & 24 Type of Action AMBR = Authorized Member SECRETARY OF STATE
TALLAHASSEE. FLORIDA - Add **Title Name Address** ☐ Remove \_□ Change □ Add ☐ Remove \_\_ Change □ Add ☐ Remove \_□ Change ☐ Add □ Remove \_□ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove Change

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record specifies a The 90th day after			in effective time,	at 12:01 a.m. o	n the earlier of:
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Filing Fee: \$25.00