L17000122958

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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D. BRUCE JUN 15 2017

COVER LETTER

TO: Registration So Division of Con			
	Masonry, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	_	
	Ronald Coney		
		Name of Person	
	Ronald C Masonry, LLC		
		Firm/Company	
	7642 Calvin Street		
		Address	
	Jacksonville, FL 32208		SE SE
	absparalegal@yahoo.com	City/State and Zip Code	CRETARY LAHASSE
	E-mail address: (to be used for future annual report notifi	cation) SSE
For further information of	concerning this matter, please c	all:	
Ronald Coney		904 662-0940 at ()	or and an analysis of the second
Name o	of Person		Telephone Number>
Enclosed is a check for t	he 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

Ronald C Masonry, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our re ited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comp Florida document number L17000122958	pany were filed on June 5, 2017	and assigned
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 ADDRES.	<u>S)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address		Cords, enter A
Name of New Registered Agent:		x
New Registered Office Address:	Enter Florida street a	ddress
		_, 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Robert McCaster	2446 W 23rd Street, Jacksonville, F	■ Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			□ Add
		<u></u>	Remove
			Change.
			JUNG 14 AHASSEE
		<u> </u>	ORD Change
			🗖 Remove
			Change
		<u> </u>	Add
			☐ Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	SECRETA ALLAHAS	<u>,</u>
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(If an effe	ve date, if other than the date of filing: June 12, 2017 (optional)	07 (3)(b
docume	ent's effective date on the Department of State's records.	is the
	ord specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier α	of:
Dated _	6-12-2017, The Cong	
	Ball Con	
	Signature of a member or authorized representative of a member	
	Ronald Coney	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00