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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJI	CCT: Mathis & Sons Construction Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Whitney Mathis Namuof Person	
	mathis & Sons construction	
	3487 poplar Spring Rd @	
	Marianna Fl. 32446 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fu	rther information concerning this matter, please call:	
L	Name of Person at Name of Person at (850) Area Code Daytime Telephone Number	
Enclo	sed is a check for the following amount:	
□ s	25.00 Filing Fee Scrifficate of Status Certificate Opy (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

Mathis & sans	Construction
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida decument number	ere filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company." the designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
The Articles of Organization for this Limited Liability Company we Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability. The new name must be distinguishable and contain the words "Limited Liability 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)	ST.
B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address
	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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
	Jacob Brock	2487 poplar Springs	vd o Add
•		Marianna Fl 32444	Remove
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D. If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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(If an effective Note: I	ve date, if other than the date of filing: 8-24-10 (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	.0207 (3)(b) ed as the	
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of:	•
iDated _	August 24 2017		
	Signature of a member or authorized representative of a member		
	Whitney Mathis Typed or printed name of signee		

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Filing Fee: \$25.00