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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cil	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	isiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Florida's Elite Contracting UC. 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:
Joshua D. Whitman Name of Person
Firm/Company
6348 Omoko St.
Panama City FL. 32404 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Johns Whitman at (731) 358-8733 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee.\$ Certificate of Status & 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 OF

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our d Liability Company)	records.)
The Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SECTION SEC
		~ 5 <u>≥</u> T
Enter new mailing address, if applicable:		7 SEE
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	City	, Florida
	Cuy	zip Cow

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>	Address	Type of Action
VP	Zachory T. Williams	6348 Omoko St.	
		Panama City, Fr.	Remove
		32404	☐ Change
VP	Jacop R. Whitman	1e348 Omaco St.	b Add
		Panama City FL.	Remove
		32404	Change
			🗆 Remove
			Change
			Add
			□ Remove
			Change
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ective date, if other than the date of filing: (opti	ional)
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tee. If the date inserted in this block does not meet the applicable statutory filing requirements, this	r filing.) Pursuant to 605.0 is date will not be listec
nument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier
he 90th day after the record is filed.	
•	
ed April 3 / 2018.	
//01////	
Signature of a member or authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00