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COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	HAROLD I	LANGMASONRY L.L.C			
SOBJECT.		Name of Lim	ited Liability Company		
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		HAROLD LANG			
			Name of Person		
		HAROLD LANG MASON	RRY L.L.C.		
			Firm/Company		
		11750 OUTLOOK RD			
		milton	Address 1 32583 City/State and Zip Code 150 9 mail. Com to be used for future annual report notificatell:		
		harold lang	650 9 mail. Com	ution) —	
For further is	nformation c	oncerning this matter, please ca	all:	2017 O	.41
HAROLD L	ANG		850 637-7526		
	Name o	f Person	Area Code Daytime T	elephone Number	
Enclosed is a	a check for th	ne following amount:			
□ \$25.00 F	filing Fee	≤ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

HAROLD LANG MSONRY L.L.C.				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Torida document number L17000200796	were filed on SEPTEMBER 28 2017	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrev	iation "L.L.C."		
Enter new principal offices address, if applicable:	HAROLD L LANG			
Principal office address MUST BE A STREET ADDRESS)	11750 OUTLOOK RD			
	MILTON FL 32583			
Enter new mailing address, if applicable:	HAROLD L LANG			
Mailing address MAY BE A POST OFFICE BOX)	11750 OUTLOOK RD			
	MILTON FL 32583			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		name of the		
New Registered Office Address:	Enter Florida street address , Florida	רו ב <u>י</u>		
		Zip Code		
New Registered Agent's Signature, if changing Registered Agents	F .	က		

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□ Change
			□ Remove
			Change
			🗆 Add
			☐ Remove
			Change
			Remoye
			Remove
		: 	Add
		URIO X.	☐ Femove
			Remove
			□ Change

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fective date, if other than the date in effective date is listed, the date must be s	specific and cannot be prior to	date of filing or more than	90 days after filing.) Pur	suant to 605.020
ote: If the date inserted in this block coment's effective date on the Depart		ole statutory filing requi	rements, this date will	not be listed as
record specifies a delayed eff	fective date, but not	an effective time, a	at 12:01 a.m. on	the earlier o
The 90th day after the record	is filed.		ĪA.	r,o
SEPTEMBER 27 2017			T.	2017 OCT
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	nature of a member or author	ized representative of a me	mber F ORIL	1 0 6 F

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Filing Fee: \$25.00