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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Corp			
SUBJI	scr: Wils	on 4 Sons (Construction Sited Liability Company	<u>Service</u> s, LLC
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Clayton	Wilson Name of Person	
		wilson4 son	S construction Se Firm/Company	ervices LLC
		112 Georgi		
		Lehigh Ac	City/State and Zip Code	36
		_	to be used for future annual report notifi	Cation)
For fur	ther information co	oncerning this matter, please ca	ail:	
(Clayton Name of	Wilson Person		3-5779 Telephone Number
Enclos	ed is a check for th	e following amount:		
5.7	5.00 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)
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssec, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions ter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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
MGR	Clayton E. Wilson	112 Georgia Rd Lehigh Acres, FL 3393	Add
		Lehigh Acres, FL 3393	Remove
			Change
			🗅 Add
			Remove
			Change
			Add
			C Remove
			Change
			D Add
			C Remove
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			D Add
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an effective date ote: If the date	if other than the da is listed, the date must be inserted in this block ctive date on the Depa	specific and cannot does not meet the	e applicable statut			
: record spe The 90th da	cifies a delayed e ay after the record	ffective date, l d is filed.	but not an effe	ctive time, at	12:01 a.m. on t	he earlier of:
ated <u>No</u>	v 30	, <u>2</u>	2017			
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Filing Fee: \$25.00