

L18000076222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/07/18--01013--006 **43.75

Lc Nc/Amel

R. WHITE

JUN 22 2018

FILED
18 JUN 21 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2018

KELLY COYLE
1490 45TH AVE NE
ST PETERSBURG, FL 33703

SUBJECT: FAIRWINDS CONSTRUCTION LLC
Ref. Number: L18000076222

We have received your document for FAIRWINDS CONSTRUCTION LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 118A00012024

Thank you!

Attn: Rebecca
Express
mailed

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Fairwinds Construction LLC
DOCUMENT NUMBER: L18000076222

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly Coyle
Name of Contact Person
Fairwinds Construction LLC
Firm/ Company
1490 - 45th Avenue NE
Address
St. Petersburg FL 33703
City/ State and Zip Code
lac@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Coyle at 813, 220-2255
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☐ \$35 Filing Fee
☒ \$43.75 Filing Fee & Certificate of Status
☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

THANK
YOU!

TO
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Fairwinds Construction LLC

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STATE
FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/16/2018 and assigned
Florida document number L18000076222

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Fairwinds Construction Services LLC

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 ADDRESS**)

SAME

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

same

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

same

New Registered Office Address:

same

Enter Florida street address

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

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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>	<u>Type of Action</u>
<u>mgr</u>	<u>Kelly L. Coyle</u>	<u>1490-45th Ave NE</u>	<input type="checkbox"/> Add
		<u>St, Petersburg</u>	<input type="checkbox"/> Remove
		<u>FL 33703</u>	<input checked="" type="checkbox"/> Change
		<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
		<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
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		<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NONE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated

6-22 2018

Signature of a member or authorized representative of a member

Kelly L. Coyle

Typed or printed name of signee