

L1800009/091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

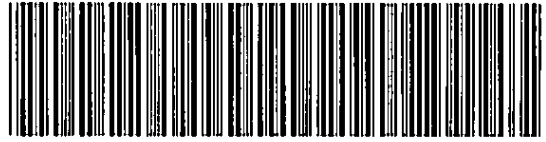
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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19 MAY 30 PM 5:13  
MAY 30 2019

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2019

TERRY GRIFFIN  
PO BOX 444  
NEWBERRY, FL 32669

SUBJECT: HOFFMAN CONSTRUCTION & FABRICATION LLC  
Ref. Number: L18000091091

We have received your document for HOFFMAN CONSTRUCTION & FABRICATION LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P18000011795.

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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 119A00010203

**RECEIVED**

MAY 30 2019

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HOFFMAN CONSTRUCTION & FABRICATION LLC  
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:

TERRY L GRIFFIN  
Name of Person  
TEAM BUSINESS SERVICES, LLC  
Firm/Company  
PO BOX 444  
Address  
NEWBERRY, FL 32669  
City/State and Zip Code  
TEAMBIZSERV@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERRY L GRIFFIN                                      352                      283-1019  
at (                      )  
Name of Person                                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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)

**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**

HOFFMAN CONSTRUCTION & FABRICATION LLC

(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 04/11/2018 and assigned Florida document number L18000091091.

This amendment is submitted to amend the following:

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

JOSEPH HOFFMAN CONSTRUCTION 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:

5110 SE COUNTY ROAD 337

(Principal office address MUST BE A STREET ADDRESS)

NEWBERRY, FL 32669

Enter new mailing address, if applicable:

5110 SE COUNTY ROAD 337

(Mailing address MAY BE A POST OFFICE BOX)

NEWBERRY, FL 32669

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CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
SANTA FE, FLORIDA

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*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

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

19  
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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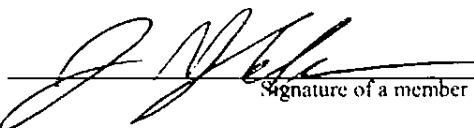
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FILING CLERK  
MICHIGAN

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 MAY 26, 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JOSEPH HOFFMAN  
\_\_\_\_\_  
Typed or printed name of signee