

L180000153426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

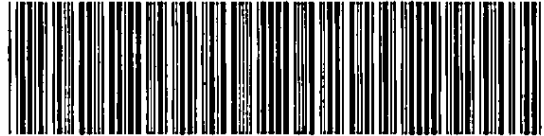
Special Instructions to Filing Officer:

Name was accepted in error

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JUL 18 2018



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18 JUL 17 AM 11:31

2018 JUL 17

2018 JUL 17 PM 3:33



COMMUNICATIONS
SERVICES

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Cloud Construction 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:

Ronald D. Cloud
Name of Person

Firm/Company

4380 Wilton St.
Address

MARIANNA FL. 32446
City/State and Zip Code

Cloudclan15.dc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald Cloud at (850) 557-8112
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

THE STATE LISTED THIS BUSINESS NAME EVEN
THOUGH THIS NAME WAS ALREADY TAKEN. I AM FILING
TO CHANGE THE NAME AT NO COST TO ME ACCORDING
TO YOUR OFFICE. ATTENTION: TIM BURCH

RECEIVED
2018 JUL 13 AM 10:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

FILED
18 JUL 17 AM 11:31
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

Attn: Tim Burch

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Cloud Construction 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 JUNE 21, 2018 and assigned Florida document number L18000153426.

This amendment is submitted to amend the following:

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

Dwight Cloud 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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.

N/A

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"/> Change

FILED
JUL 7 AM 11:30
2011

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

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18 JUL 17 AM 11:30
FBI - NEW YORK

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.

(b) The 90th day after the record is filed.

Date: July 11, 2018

Ronald D. Cleveland

Signature of a member or authorized representative of a member

Ronald D. Cloud

Typed or printed name of signee