

11/21/2018
11/21/2018

10:00 AM PST

To: 18506176383
Division

1667418571
Jones

Page: 2

L18000 202775

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LICENSE EXAM SERVICES
Account Number : I20120000042
Phone : (941)706-2336
Fax Number : (866)473-0571

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

dsbconner@gmail.com

AL

LLC AMND/RESTATE/CORRECT OR M/MG
RESIGN
CONNER CONSTRUCTION AND DEMOLITION,
LLC

Certificate of Status	0
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11/21/2018
11/21/2018

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Division of Corporations

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TALLAHASSEE, FLORIDA

COVER LETTER

(((H18000333971 3)))

TO: Registration Section
Division of Corporations

SUBJECT: Conner Construction and Demolition 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:

David J. Conner

Name of Person

Conner Construction and Demolition, LLC

Firm/Company

4839 Hwy 17 So.

Address

Green Cove Springs, FL 32043

City/State and Zip Code

dsbconner@gmail.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

David J. Conner

at (904) 810-8615

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**

(((H18000333971 3)))

Conner Construction and Demolition, 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 08/23/2018 and assigned
Florida document number L18000202775.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(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:

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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	David J. Conner	4839 Hwy. 17 So. Green Cove Springs, FL 32043	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Stephanie Conner	4839 Hwy. 17 So. Green Cove Springs, FL 32043	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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11-21-65

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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 505.029 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed on 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 11/21/2018, _____

Signature of a member or authorized representative of a member

David J. Conner

Typed or printed name of signee