L18000235079

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COVER LETTER

то:	Registration Security Division of Cor			
CHD IE	Holliday Sn	nith Turlington Contracting, Ll	LC	
SUBJE	CI:	Name of Limi	ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		James L Smith III		
			Name of Person	
		Smith Turlington Contracti	ing, LLC	
		605 Chesterfield Way	Firm/Company	
		Nashville, TN 37212	Address	
		james@smithturlington.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	all:	
James L	Smith III		615 767-4363	
	Name of		Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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:

TO:

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

FILED

Holliday Smith Turlington Contrac	~		2811 API 29 A II 12
(Name of the Lim	ted Liability Comp	pany as it now appears I Liability Company)	on our records.) A II. 2
The Articles of Organization for this Limited I	(A Fiorida Emiliee	Octo	has Trine HALS Control
		y were filed on Octo	and assigned
Florida document number L18000235079	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company her	<u>e</u> :
Smith Turlington Contracting, LLC			
The new name must be distinguishable and contain the	words "Limited Liab	bility Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		n/a	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		n/a	
(Mailing address MAY BE A POST OFFICE	BOX)		
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter the name of the new
		 -	
Name of New Registered Agent:	n/a		
New Registered Office Address:	n/a		
		Enter Florid	a street address
	n/a		, 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>	Type of Action
AMBR	John C Holliday	5522 Wade Park BLVD	
		D. I. I. M. O.	Add
		Raleigh, NC 27697	Q D
			■ Remove
			Change
		 	□ Add
			□ Remove
			Change
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			☐ Change

Renaming "Holliday Sn	nith Turlington Contracting L	LC" - "Smith Turling	on Contracting, LLC."	
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record specifies a de The 90th day after the	layed effective date, bu e record is filed.	t not an effective	time, at 12:01 a.m	. on the earli
April 25	2019			
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Filing Fee: \$25.00