

L18000271959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

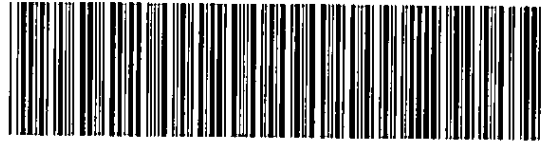
(Document Number)

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2019 APR -1 PM 1:25
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C GOLDEN

APR -2 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEMPER FI CONSTRUCTION AND DEVELOPMENT, 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:

TRAVIS D. PERKINS
Name of Person

SEMPER FI CONSTRUCTION AND DEVELOPMENT, LLC
Firm/Company

P.O. Box 1483
Address

SANFORD, FL 32772
City/State and Zip Code

SEMPERFICON1775@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRAVIS D. PERKINS at (407) 863-0687
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2019

TRAVIS D. PERKINS
POST OFFICE BOX 1483
SANFORD, FL 32772

SUBJECT: SEMPER FI CONSTRUCTION AND DEVELOPMENT, LLC
Ref. Number: L18000271959

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 719A00003759

RECEIVED

2019 APR -1 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FL

TO
ARTICLES OF ORGANIZATION
OF

FILED

SEMPER FI CONSTRUCTION AND DEVELOPMENT, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 APR -1 PM 1:25

The Articles of Organization for this Limited Liability Company were filed on 4/26/2018 and assigned

Florida document number L18000271959.

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)

1806 S. HOLLY AVE
SANFORD, FL 32771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 1483
SANFORD, FL 32772

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:

TRAVIS D. PERKINS

New Registered Office Address:

1806 S. HOLLY AVE

Enter Florida street address

SANFORD, FL 32771 , Florida 32771
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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	RUSSELL L. HEOSON	1442 MARA CT	<input type="checkbox"/> Add
		SANFORD, FL 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRAVIS D. PERKINS	P.O. Box 1483	<input type="checkbox"/> Add
		SANFORD, FL 32772	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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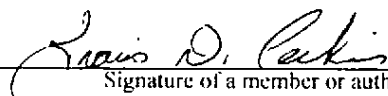
E. Effective date, if other than the date of filing: FEB. 11, 2019 (optional)

(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 FEB 11, 2019 . 2019 .



Signature of a member or authorized representative of a member

TRAVIS D. PERKINS

Typed or printed name of signee