L190002:	3451
(Requestor's Name) (Address)	300324409163
(Address) (City/State/Zip/Phone #)	FILING CANCELLED DUE TO RETURNED CHECK
PICK-UP WAIT MAIL	02/19/1901025011 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	FILED 2019 FEB 19 PH12: 21 States and the states
Office Use Only	Anund
	FEB 2 3 2019

١

۰.

**I ALBRITTON** 

## **COVER LETTER**

TO: Registration Section Division of Corporations FILING CANCELLED DUE TO RETURNED CHECK

SUBJECT:	3T 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:



For further information concerning this matter, please call:

at (<u>321</u>) <u>124-9612</u> Area Code Daytime Telephone Number Name of Person

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

ING CANCELLED ARTICLES	S OF AMENDMENT
E TO RETURNED CHECK ARTICLES	TO OF ORGANIZATION OF
(Name of the Limited Liability (A Florida L	Struction LLC. Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number $\underline{L190002345}$	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
A. It amending name, <u>enter the new name of the minis</u>	to habinty company nere.
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u>ESS)</u>
(Principal office address MUST BE A STREET ADDRE	<u> </u>
<u>(Principal office address MUST BE A STREET ADDRE</u>	
<u>(Principal office address MUST BE A STREET ADDRE</u> Enter new mailing address, if applicable:	AD FEB T
	THE
Enter new mailing address, if applicable:	DIFEBIO
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	THE TO PHILE 2
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX</u> ) B. If amending the registered agent and/or register	ered office address on our records, enter the name of the
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	ered office address on our records, enter the name of the
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX</u> ) B. If amending the registered agent and/or register	ered office address on our records, enter the name of the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office addressing the new registered office addre	ered office address on our records, enter the name of the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office addre	ered office address on our records, enter the name of the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office addressing the new registered office addre	ered office address on our records, <u>enter the name of the</u> ess here:

.

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, <u>enter the title, name, and address of each person</u> being addee or removed from our records:

## . MGR = Manager AMBR = Authorized Member

·

•

.

•

<u>Title</u>	<u>Name</u>	Address	<b>Type of Action</b>
MGR	Mya T. Tran	4905 E. Colonial De	Add
		4905 E. Colonial Dr. Orlando, FL 32803	Remove
	CANCELLED RETURNED CHECK		Change
			🖸 Add
			C Remove
			Change
			Add
			Remove
			Change
			🛛 Add
			Remove
			Change
<u></u>			O Add
			_ Remove
			Change
			O Add
			🗆 Remove
			_ Change

.

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

· · · ·

FILING CANCELLE DUE TO RETURNEI			· · · · · · · · · · · · · · · · · · ·	
	 	· · · · · · · · · · · · · · · · · · ·		
	 	<u> </u>		
	<u></u>	·		· · · · · · · · · · · · · · · · · · ·

## 

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 _	February 15 . 2019.
	1
	Zurt /1
	Signature of a member or authorized representative of a member
	LuuThi
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00