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(F	Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nan	ne)
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SECRETARY OF STATE

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COVER LETTER

	of Corporations
Stat SUBJECT:	Contractors LLC
	Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Christina Pettys
	Name of Person
	Pettys Tax & Accounting
	Firm/Company
	8406 Panama City Beach Parkway Ste G
	Address
	Panama City Beach, FL 32407
	City/State and Zip Code pcttystax@gmail.com
	E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
Randy Morris	803 406-7082
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	c for the following amount:
■ \$25.00 Filing	Fee \$\Bigcup \\$30.00 \text{ Filing Fee & Bound Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \Bigcup \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup

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

State Contractors LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on ou Liability Company)	ır records.)	 -
The Articles of Organization for this Limited I	Liability Company	were filed on $\frac{01/31/201}{}$		and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designati	ion "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2208 Hwy 390		
		Lynn Haven, FL 32444		
nter new mailing address, if applicable:		653 W 23rd Street		
Mailing address MAY BE A POST OFFICE BOX)		Panama City, FL 32405	5	
B. If amending the registered agent and registered agent and/or the new registered o	Vor registered o	Mice address on our r	records, enter	fle name of the r
Name of New Registered Agent:	Pettys Tax & Accounting Inc		2 7	
New Registered Office Address:	8406 Panama C	City Beach Pkwy Ste G	<u> </u>	
		Enter Florida stree	et address	\$ P
	Panama City Bo		, Florida, ³²⁴	07: 📜
		City	9 72	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 Title <u>Name</u> <u>Address</u> Type of Action Site Services LLC 708 w 11th Street MGR □ Add Panama City FL 32401 ■ Remove □ Change MGR Randy Morris □ Add ☐ Remove Change □ Add SIMILE Emove ☐ Change □ Add ☐ Remove _ Change

☐ Add

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an effective date is listed, the date must be specific and cannot be prior to date of filing or more than ote: If the date inserted in this block does not meet the applicable statutory filing require	90 days after frements, this	tiling.) Purs date will i	suant to not be	605.020 listed a
ocument's effective date on the Department of State's records.				
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Filing Fee: \$25.00