

L19000032515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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19 SEP 20 AM 10:12

2019 SEP 20 AM 10:31

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SEP 20 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: State Contractors 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:

Randy Morris
Name of Person

State Contractors LLC
Firm/Company

653 W 23rd St, Box 312
Address

Panama City FL 32405
City/State and Zip Code

randy@statecontractors.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randy Morris at (850) 818-1121
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**

State Contractors LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 SEP 20 AM 10:31

The Articles of Organization for this Limited Liability Company were filed on 01/31/19 and assigned Florida document number L19000032575.

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)

653 W 23rd St Box 31
Panama City, FL 32405

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

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>	<u>Type of Action</u>
MGR	Mickey Barnes	708 W 11th St	<input type="checkbox"/> Add
		Panama City, FL 32401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Randy Morris	708 W 11th St	<input type="checkbox"/> Add
		Panama City, FL 32401	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Randolph S. Morris	153 W 23rd St Box 312	<input type="checkbox"/> Add
		Panama City FL 32405	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(name correction - same person)

[illegible]

(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.

Dated Sept 19, 2019

Randy Morris
Signature of a member or authorized representative of a member

Randolph S Morris
Typed or printed name of signee