

L20000025345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

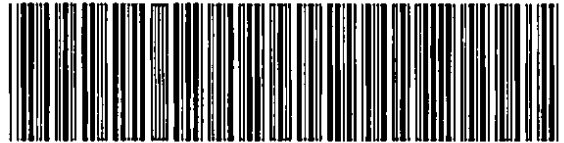
(Business Entity Name)

(Document Number)

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02/28/20--01010--003 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 MAR 26 AM 11:23

Amend

APR 06 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Old South Contractors & Consulting 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:

Deanna Seago

Name of Person

Old South Contractors & Consulting LLC

Firm/Company

4 Lisbon St

Address

St. Augustine, FL 32080

City/State and Zip Code

oldsouthcc1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deanna Seago

Name of Person

at (901) 483-6776

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)

Already paid

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
20 MAR 26 AM 11:23

RECEIVED
MAR 26 2020

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Old South Contractors & Consulting LLC

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

L20000025345

The Articles of Organization for this Limited Liability Company were filed on **2-01-2020** and assigned
Florida document number **L20000025345**

FILED
CLERK OF CIRCUIT COURT
DIVISION OF CORPORATIONS
20 MAR 26 AM 11:23

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)

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>
<u>MGR</u>	<u>Deanna R Seago</u>	<u>4 Lisbon St. St. Augustine</u>	<input checked="" type="checkbox"/> Add
		<u>Florida 32080</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>mgr</u>	<u>Marty W. White</u>	<u>4 Lisbon St</u>	<input type="checkbox"/> Add
		<u>St Augustine Fl. 32080</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Marty W. White</u>	<u>4 Lisbon St.</u>	<input checked="" type="checkbox"/> Add
		<u>St Augustine Fl 32080</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[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)

Dated 3.24.2020

Kumar SS

Signature of a member or authorized representative of a member

Deanna R. Seago

Typed or printed name of signee

Filing Fee: \$25.00