

LA.
11/23/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M.R. Construction Pros 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:

William Rivers
Name of Person

M.R. Construction Pros
Firm/Company

2100 W Beach Dr R 104
Address

P.C. 32401
City/State and Zip Code

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

For further information concerning this matter, please call:

William Rivers at (850) 770-685-5473
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 Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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

The Articles of Organization for this Limited Liability Company were filed on 6-16-20 and assigned
Florida document number L20000165789.

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)

FILED
2020 OCT 20 PM 1:11
SECRETARY OF
STATE

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.

William M. Swer
If Changing Registered Agent, Signature of New Registered Agent

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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 10-13-20 _____,

William M. Burt
Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

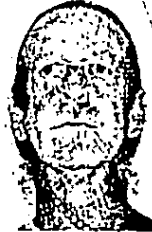
Filing Fee: \$25.00

Florida

DRIVER LICENSE



H455-737-63-219-0



HOLMAN
ROBBIE SCOTT
1105 MARION JOYNER DR
PANAMA CITY, FL 32401-5086
DOB 06/19/1963 SEX M SAFE DRIVER
EXP 06/19/2021 HGT 6'-01"
REST NONE END NONE

ISS 08/14/2012

SCD 8801906130013

REPLACED 06/13/2019

Operation of a motor vehicle constitutes
consent to any sobriety test required by law



Business Name _____

Phone Number _____

Social Security Number _____

Email _____

Address for business _____

Working address (if different) _____

Type of work _____

Other Members _____

I have Read and Consented to Friendly Check Cashing Inc. Disclosure Form

Signature _____

Date _____

Agent _____

Date _____