

L24000 294983

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

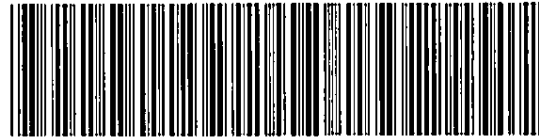
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
JAN - 7 2025

Office Use Only



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FILED  
2025 JAN - 6 PM 12:43  
JAN 7 2025



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext: x61563  
Date: 01/06/25  
Order #: 1757112-1  
Re: LDDBLUELINE FLORIDA LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$600.00  
FL State Account Number:  
120000000195

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LDDBlueLine Florida 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:

Charles Pecchio

\_\_\_\_\_  
Name of Person

LDDBlueLine Inc.

\_\_\_\_\_  
Firm/Company

1640 Powers Ferry Road, Bldg 1, Ste 100

\_\_\_\_\_  
Address

Marietta, GA 30067

\_\_\_\_\_  
City/State and Zip Code

accounting@lddbline.com

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

For further information concerning this matter, please call:

Larry Litwiller

540

437-1228

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

LDDBlueLine Florida LLC

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

FILED  
2025 JAN -6 PM 12:43  
CLERK OF COURT  
JAN 6 2025

The Articles of Organization for this Limited Liability Company were filed on June 25, 2024 and assigned  
Florida document number L24000294983.

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>
AMBR	LDDBlueLine Inc.	1640 Powers Ferry Rd. Bldg 1, Ste 100	<input type="checkbox"/> Add
		Marietta, GA 30067	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Charles Pecchio	15 Reynolds Lane	<input type="checkbox"/> Add
		Kingston, GA 30145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Randall S. Seitz	330 Dixie Ave	<input type="checkbox"/> Add
		Harrisonburg, VA 22801	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Steven Barthlow	650 Briarleigh Way	<input type="checkbox"/> Add
		Woodstock, GA 30189	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Jay Arnold	2016 Big Cove Road SE	<input type="checkbox"/> Add
		Huntsville, AL 35801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Milli Dunkin	2340 Kennesaw Oaks Trl NW	<input type="checkbox"/> Add
		Kennesaw, GA 30152	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

REMOVE: AMBR Phil Laney, 1406 Drexel Ct, Marietta, GA 30068

REMOVE: AMBR David McBrayer, 7335 McBrayer Rd, Cumming, GA 30028

REMOVE : AMBR Dave McCauley, 630 Page Ave NE, Atlanta, GA 30067

NOTE: This amends the membership to a sole member, LDDBlueLine Inc, of whom the following two principals  
are architects licensed in the State of FL: Steven Barthlow and Randall S. Seitz

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

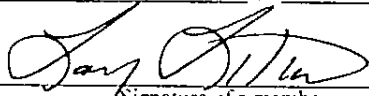
*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**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.

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

DECEMBER 31, 2024



Signature of a member or authorized representative of a member

Larry Litwiller, CFO

Typed or printed name of signee