

MO7000007370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

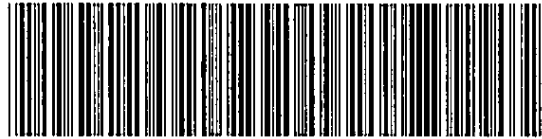
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JUL 18 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL 17 2018

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Fahrner Asphalt Sealers, L.L.C.

Enter new principal office 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)

2. The Florida document number of this limited liability company is: _____

M07000007370

3. Jurisdiction of its organization: _____

Wisconsin

4. Date authorized to do business in Florida: _____

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____

(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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>
VP, Manager	Jeffrey Schuh	2800 Mecca Drive	<input checked="" type="checkbox"/> Add
		Plover, WI 54467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP, Manager	Thomas D. Johndro	2800 Mecca Drive	<input checked="" type="checkbox"/> Add
		Plover, WI 54467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP, Manager	Kevin Krickow	2800 Mecca Drive	<input checked="" type="checkbox"/> Add
		Plover, WI 54467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP, Manager	Troy Carlson	2800 Mecca Drive	<input checked="" type="checkbox"/> Add
		Plover, WI 54467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
S. Manager	Christina Korslin	2800 Mecca Drive	<input checked="" type="checkbox"/> Add
		Plover, WI 54467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Asst. S. Manager	Tyler Cass	2800 Mecca Drive	<input checked="" type="checkbox"/> Add
		Plover, WI 54467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

See attached list to add Officers.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Mark Rohrbach

Typed or printed name of signee

Filing Fee: \$25.00

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