# M12010005227

(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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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 11, 2017

ROBERT M HOWELL 7604 HARVEY ST PENSACOLA, FL 32506

SUBJECT: LIBERTY CONSTRUCTION AND RENOVATION, LLC

Ref. Number: M12000005227

We have received your document for LIBERTY CONSTRUCTION AND RENOVATION, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 817A00013972

RECEIVED

2017 JUL 27 AM 11: 44

SEUKLIARY OF STATE
ALLAHASSEF FOR FORTER

### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LIBERTY CONSTRUCTION OF Name of Foreign Limited I	and Renovation LLC.
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to t	
Robert M. Have II Name of Person	
Liberty Construction and R	enovation, LLC
1604 Harvey Street Address	
Pensacola FC 32566 City/State and Zip Code	
E-mail address: (to be used for runue annual report notific	ation)
For further information concerning this matter, please call:	
Robert M. Howell at ( \$50 Name of Person Area Cod	501-6524
Area Cog	e & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	,
CR2E055 (9/15)	Certificate of Status & Certified Copy

## 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	
State: <u>Liberty Management</u>	Team, LLC
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)	
The Florida document number of this limited liability co	company is: M 12 0000 5227
3. Jurisdiction of its organization: Nevada	
4. Date authorized to do business in Florida:	otember 17, 2012
SECTION II (5-9 complete only the applicable change	25)
SECTION II (5-9 complete only the applicable changes  5. New name of the limited liability company:	berty Construction and Renovation, in "Limited Liability Company," "L.L.C.," or "LLC.")
LLC	
(If name unavailable, enter alternate name adopted for the copy of the written consent of the managers or managing a must contain "Limited Liability Company," "L.L.C." or "I	members adopting the alternate name. The alternate name
6. If amending the registered agent and/or registered office registered agent and/or the new registered office address h	ter address on our records. enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	2 [
	Enter Florida Street Address
<del></del>	City Zip Code
the provisions of all statutes relative to the proper and con and accept the obligations of my position as registered ag	d Agent: agree to act in this capacity. I further agree to comply with implete performance of my duties, and I am familiar with gent as provided for in Chapter 605, F.S. Or, if this registered office address, I hereby confirm that the limited
If Charging	g Degistered Aport Signature of New Begistered Aport

If the amendment ch	anges person, title or capac	ity in accordance	e with 605.0902 (1)(e), indicate	e that change:
Fitle/ Capacity	Name		Address	Type of Action
		<del></del>		Add
			i	Remove
				Add
		<del></del> .		Remove
		· —		Add
				Remove
				Add
		<del></del>		Remove
<del></del>	·			Add = T
aforementioned ame	cate, if required: no more to endment(s), duly authenticate e law of which this entity	ated by the offici	al having custody of records i	-1
	Signal	ure of the autho	rized representative	

Filing Fee: \$25.00

SECRETARY OF STATE



### CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, LIBERTY CONSTRUCTION & RENOVATION, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 21, 2012, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 24, 2017.

Boulets K. Cegewske

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20170724-2243 You may verify this electronic certificate online at http://www.nvsos.gov/ JUL 27 M 7:51