

M12000006979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

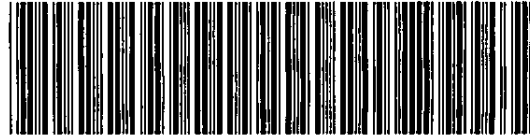
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 JAN 22 AM 11:06
CLERK OF COURT
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JAN 26 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHEROKEE INDUSTRIAL SUPPLY, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William M. Martin

Name of Person

C.I.S. Contracting, LLC

Firm/Company

PO Box 866

Address

Flomaton, AL 36441

City/State and Zip Code

nrobertson@gbdcpa.net

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

For further information concerning this matter, please call:

William M. Martin

Name of Person

at (251) 3687001

Area Code & 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:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
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 records of the Florida Department of

State: Cherokee Industrial Supply, LLC

Enter new principal office address, if applicable: 411 Houston St.

(Principal office address

MUST BE A STREET ADDRESS)

Flomaton, AL 36441

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

PO Box 866

Flomaton, AL 36441

2. The Florida document number of this limited liability company is: MO00006979

3. Jurisdiction of its organization: ALABAMA

4. Date authorized to do business in Florida: 12/13/2012

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

5. New name of the limited liability company: C.I.S. Contracting, LLC

(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.

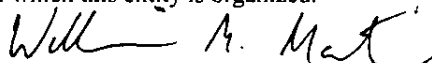
If Changing Registered Agent, Signature of New Registered Agent

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<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

William M. Martin

Typed or printed name of signee

Filing Fee: \$25.00

John H. Merrill
Secretary of State

P. O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

as appears on file and of record in this office, the pages hereto attached, contain a
true, accurate, and literal copy of the Articles of Amendment filed on behalf of
C.I.S. Contracting, LLC, as received and filed in the Office of the Secretary of
State on 08/18/2015.



20150922000021720

In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.

09/22/2015

Date

A handwritten signature in cursive script that reads "J. H. Merrill".

John H. Merrill

Secretary of State