

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000046246 3)))



H190000462463ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

2019 FEB -8 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FULLER-SELLE, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

T. CLINE

FEB 11 2019

EXAMINER

2019 FEB -8 PM 12:44

**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: Fuller-Selle, L.L.C.

Enter new principal office address, if applicable:

(Principal office address
MUST BE A STREET ADDRESS)

713 4th Street

Blanco, Texas 78606

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

PO Box 1240

Blanco, Texas 78606

2. The Florida document number of this limited liability company is: M15000001171

3. Jurisdiction of its organization: Louisiana

4. Date authorized to do business in Florida: 02.15.2015

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

5. New name of the limited liability company: J & R Fuller, 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 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

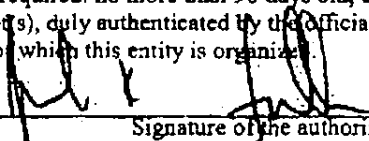
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), 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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

FILED
2019 FEB 08 AM 9:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

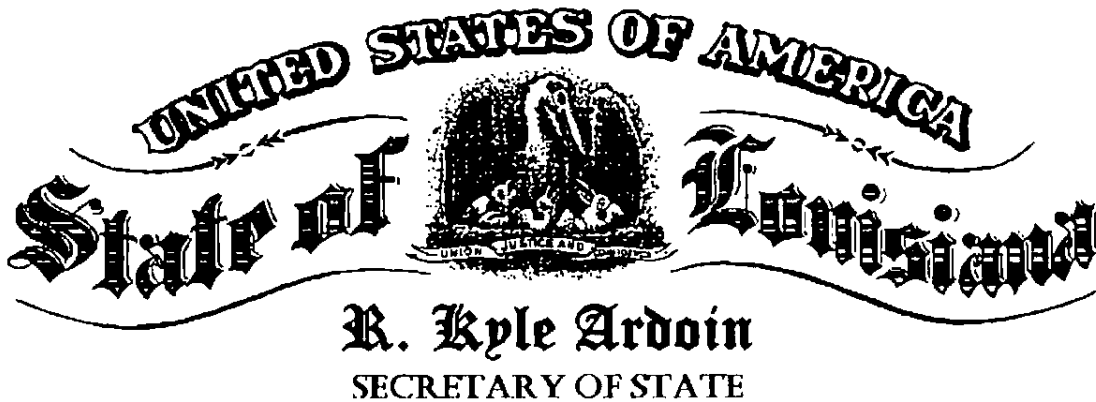


Signature of the authorized representative

John Fuller, member

Typed or printed name of signee

Filing Fee: \$25.00



As Secretary of State of the State of Louisiana I do hereby Certify that
the attached document(s) of

J & R FULLER, LLC

are true and correct and are filed in the Louisiana Secretary of State's Office.

43064078

NMCHG

05/16/2018

1

page(s)

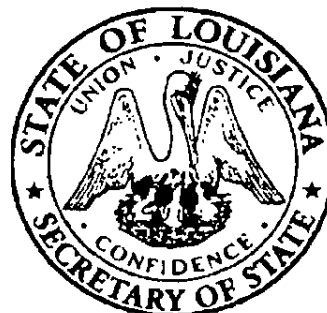
In testimony whereof, I have hereunto set my
hand and caused the Seal of my Office to be
affixed at the City of Baton Rouge on,

February 8, 2019

R. Kyle Ardoin

Secretary of State

SS



Certificate ID: 11041547#LJH82

To validate this certificate, visit the following
web site, go to **Business Services**, Search
for **Louisiana Business Filings**, Validate a
Certificate, then follow the instructions
displayed.
www.sos.la.gov

**STATE OF LOUISIANA
NAME CHANGE AMENDMENT**

R.S. 12:1309

Old Name:

FULLER-SELLE, L.L.C.

New Name:

J & R FULLER, LLC

Date Amendment Adopted:

05/01/2018

Manner of Adoption:

UNANIMOUSLY APPROVED BY MEMBERS

The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to fine or imprisonment or both under R.S. 14:133.

**BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM A
MEMBER/MANAGER.**

ELECTRONIC SIGNATURE: JOHN FULLER (5/16/2018)

TITLE: MEMBER