

MIS 000006281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

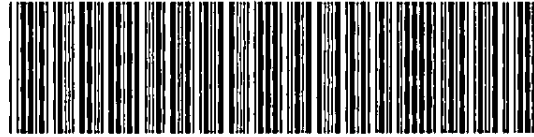
(Document Number)

Certified Copies _____ Certificates of Status _____

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01/25/21--01014--011 **25.00

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2021 JUN - 1 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC
N/C

AUG 21 2021

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

REC-351533

2021 JUN -1 PM 4:17

SUSAN TALLANT
TALLANT & ASSOCIATES, P.A.

April 19, 2021

WANDA MCCONNELL
FACILITY SOLUTIONS, LLC
4211 S CHURCH ST EXT
ROEBUCK, SC 29376

SUBJECT: J.P. BURNETTE, LLC
Ref. Number: M15000006281

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 621A00007961



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2021

WANDA MCCONNELL
FACILITY SOLUTIONS, LLC
4211 S CHURCH ST EXT
ROEBUCK, SC 29376

SUBJECT: J.P. BURNETTE, LLC
Ref. Number: M15000006281

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 821A00005150

Rec 3/25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JP Burnette, 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:

Wanda McConnell

Name of Person

Facility Solutions, LLC

Firm/Company

4211 S Church St Ext

Address

Roebuck, SC 29376

City/State and Zip Code

wanda.m@thefacilitysolution.com

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

For further information concerning this matter, please call:

Wanda McConnell at (864) 469-7555

Name of Person Area Code & Daytime Telephone Number

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

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: JP Burnette, 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)

2. The Florida document number of this limited liability company is: M15000006281

3. Jurisdiction of its organization: SC

4. Date authorized to do business in Florida: 8/10/2015

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

5. New name of the limited liability company: Facility Solutions, LLC

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

Facility Solutions, LLC (SC)

(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.

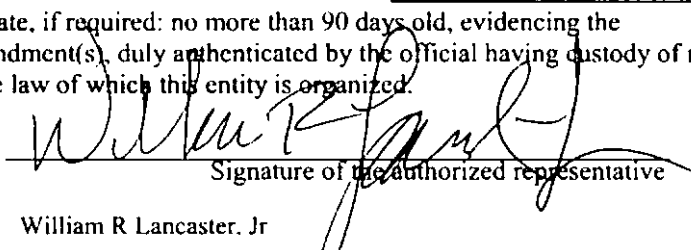
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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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.

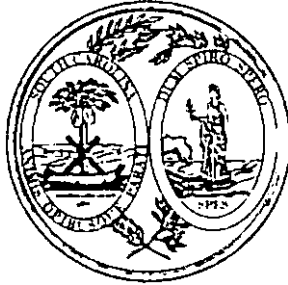


Signature of the authorized representative
William R Lancaster, Jr

Typed or printed name of signee

Filing Fee: \$25.00

The State of South Carolina



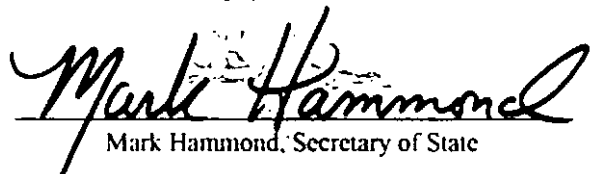
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Facility Solutions, LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 6th, 2003, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 24th day
of May, 2021.


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 180413-1026363

Filing Date: 04/13/2018

May 24 2021

REFERENCE ID: 789088

STATE OF SOUTH CAROLINA

SECRETARY OF STATE


SECRETARY OF STATE OF SOUTH CAROLINA

AMENDED ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY -DOMESTIC

Pursuant to the 1976 S.C. Code of Laws, as amended, Section 33-44-204(a), the undersigned limited liability company adopts the following amended articles of organization:

1. The name of the limited liability company is:

J.P. BURNETTE, LLC

2. The date the articles of organization were filed is 01/06/2003.

3. The articles of organization are amended in the following respects, of which all amended provisions may lawfully be included in the articles of organization. If the space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph on this form.

Amended Entity Name: Facility Solutions, LLC

Signature: Signed as Filer: Wanda McConnell

Capacity/Position of Person Signing (you must check one box):

☒ Manager ☐ Member ☐ Organizer

☐ Fiduciary ☐ Attorney-in-Fact

Wanda McConnell

(Print or Type Name)

Date: 04/13/2018

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Business Name: Facility Solutions

May 24 2021

REFERENCE ID: 789088

Signature Page for a Secretary of State Business Filing


Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

Completed, scanned, and attached to any business filing where one of the following is true.

- The filing party signs the digital form on behalf of official signee.
- An attorney's signature is required. (Articles of Incorporation for Corporation and Benefit Corporation)

Official Signatures

(Officer, Incorporator, Director, Agent, Partner, etc)

Required for forms where the signee is not present upon online submission and a filing party is providing a digital signing on their behalf. If the provided space is not enough, please attach multiple pages.

William Lancaster

Name



Signature

4/13/18

Date

CEO

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Scan and Upload this document to the Business Filing System during the filing process.
File must be PDF format.