

MI7000009986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

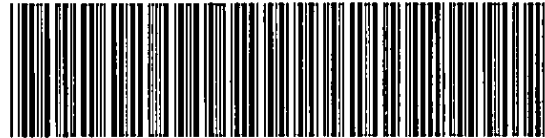
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/03/23--01008--004 **25.00

2023/03/24 03:11:14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2023

JOHN GUERINEAU
3925 N I-10 SERVICE RD. WEST
SUITE 219
METAIRIE, LA 70002

SUBJECT: CRAFTSMEN CONTRACTORS, LLC
Ref. Number: M17000009986

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

The form you submitted is for a ARTICLES OF AMENDMENT FOR A LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

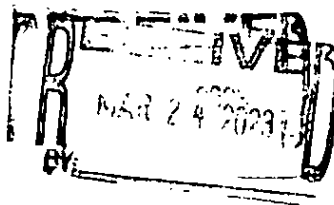
We are enclosing the proper form(s) with instructions for your convenience.

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.

Alecia Rivers
Regulatory Specialist II

Letter Number: 123A00005746



2023 MAR 24 11:11:14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRAFTSMEN CONTRACTORS 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:

John GUERINEAU
Name of Person

CRAFTSMEN CONTRACTORS, LLC
Firm/Company

3925 N I-10 SERVICE Rd West, STE 219
Address

METairie, LA 70002
City/State and Zip Code

jguerineau@craftsmencontractors.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John GUERINEAU at (504) 525-7955
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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

2023 JUN 24 PM 11:14

**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: CRAFTSMEN CONTRACTORS, LLC

Enter new principal office address, if applicable:

(Principal office address

MUST BE A STREET ADDRESS)

3925 N I-10 SERVICE Rd. West, STE 219
METairie, LA. 70002

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:

M170000009986

3. Jurisdiction of its organization:

LOUISIANA

4. Date authorized to do business in Florida:

11/27/2017

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:

BRIAN McLODNE

New Registered Office Address:

2940 CUMBERLAND TRAIL

Enter Florida Street Address

CLEARWATER

City

Florida 33761

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.

Brian McLodne

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>
<u>MGR</u>	<u>BRIAN McLOONE</u>	<u>2540 CUMBERLAND TRAIL</u> <u>CLEARWATER, FL 33761</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>THERESA McLOONE</u>	<u>2540 CUMBERLAND TRAIL</u> <u>CLEARWATER, FL 33761</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>BRENT CALLAIS</u>	<u>520 WINDERMERE CHASE E</u> <u>MADISONVILLE, LA. 70447</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>SARAH CALLAIS</u>	<u>520 WINDERMERE CHASE E</u> <u>MADISONVILLE, LA. 70447</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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.

John Guerin
Signature of the authorized representative

John GUERIN

Typed or printed name of signee

Filing Fee: \$25.00