M8000004528

(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

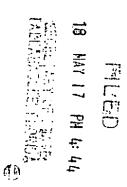
Office Use Only



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O SIMMONS MAY 1 7 2018



May 17, 2018

STEVEN MITCHELL 3809 KNOLLWOOD LN BIRMINGHAM, AL 35243

SUBJECT: SOUTHLAND BUILDERS AND CONSTRUCTION, L.L.C.

Ref. Number: M18000004528

We have received your document for SOUTHLAND BUILDERS AND CONSTRUCTION, L.L.C. 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 FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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

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

Letter Number: 418A00010382

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SCATMONCE BUILDING & CONSTRUCTION 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:	
Adeich Maddelan EST Name of Person	
Firm/Company	
1469 Malket it	
Tallahassee FC 32312 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: Allow Made of Person at (ESC) ESS (250) 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: \$\sum_{\$25}\$ Filing Fee	

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	s on the records of the Florida Department of
state: Saithfind Buildo	es a construction LC
Enter new principal office address, if applicable:	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited lie	ability company is: 4\180000 45.28=
3. Jurisdiction of its organization: 4. Date authorized to do business in Florida:	MA 5/10/18 55 5
SECTION II (5-9 complete only the applicable	·
5. New name of the limited liability company: (must	st contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach a maging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our records. enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida City Zip Code
the provisions of all statutes relative to the proper	ent and agree to act in this capacity. I further agree to comply with r and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this e in the registered office address. I hereby confirm that the limited

8. If the amenda	nent changes person, title or capacity in acco	ordance with 605.0902 (1)(e), indicate tha	t change:
Title/ Capacity	<u>Name</u>	Address	Type of Action
Morl	JOHNNY W. OSBORN	1318 (YUMAG OU)	Add
		Goldendale AL350	F∏ Remov
116C	tomes W. oskoln	914 cullmen Rd	XAdd
		ARAB, AL 35011	<u>O</u> Remov
			Add
			Remov
			☐Add Remove
		<u></u>	Add Remov
aforemention	recrtificate, if required; no more than 90 daned amendment(s), duly authenticated by the under the law of which this entity is organized. Signature of the content of the	ne official Raving custody of records in the	ne

Filing Fee: \$25.00