

M23000001528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

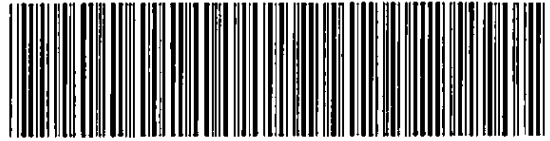
(Document Number)

Certified Copies _____

Certificates of Status _____

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S. ROBERTS

JUN 20 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lay Construction, L.L.C.

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:

Shawna Mauldin or Bettyjo McCoy

Name of Person

Lay Construction, L.L.C

Firm/Company

PO Box 2366

Address

Lindale, TX 75771

City/State and Zip Code

shawna.mauldin@layconstructionllc.com

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

For further information concerning this matter, please call:

Bettyjo McCoy

at (903) 877-4128

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 checked="" 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 |
|---|---|--|--|

**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: Lay Construction L.L.C.

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

16119 FM 849, Lindale, TX 75771

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: M23000001528

3. Jurisdiction of its organization: Smith County, Texas

4. Date authorized to do business in Florida: 01/18/2023

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: _____

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

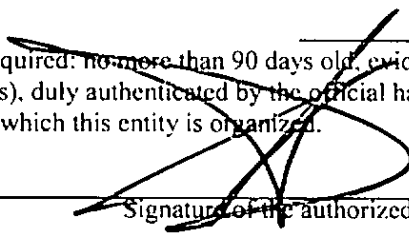
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

There is only one Managing Member, the President and Owner of Lay Construction L.L.C.

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-----------------|----------------------------------|--|
| Authorize | Melissa Manning | PO Box 2366, Lindale, TX 75771 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| Authorize | Bettyjo McCoy | 16119 FM 849, Lindale, TX 75771 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| Authorize | Shawna Mauldin | 18799 CR 4108, Lindale, TX 75771 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input 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.



Signature of the authorized representative

Scott Lay

Typed or printed name of signee

Filing Fee: \$25.00