# M24000055588

(Request	or's Name)
(Address)	
(Address)	,
(City/Stat	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
	J. HORNE JUN 27 2024
	-,

Office Use Only



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1-1-(-(1) 2024 JUL 17 PH 2: 20



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to amend the name, jurisdiction, or the registered agent, or any person identified in accordance with s. 605.0902 (1)(e), or a change in title or capacity of that person, for a foreign limited liability company authorized to transact business in Florida. The requirements are as follows:

- Pursuant to s. 605,0907, Florida Statutes, the attached application must be completed in its entirety.
- A certificate from the state of jurisdiction evidencing the amendment must be submitted with the application. The certificate should be issued within the past 90 days.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C." or the designation "LLC."
- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If you have changed the name of your limited liability company and the new name is not distinguishable on our records, you must adopt an alternate name to use in the state of Florida. To adopt an alternate name, you must submit a copy of the written consent of the managers or managing members adopting the alternate name. You may download a fill-in-the blank consent form from our website www.sunbiz.org.

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

> The fees are as follows:

\$25.00 Filing Fee \$30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

- A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.
- A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.
- Please send the application to:

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

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

CR2E055 (9/15)

### **COVER LETTER**

Registration Section

TO:

Divi	sion of	`Corporations				
SUBJECT:	MDM	CONTRACTING, LLC				
Name of Foreign Limited Liability Company						
Dear Sir or N	∕Iadam	:				
The enclosed	i applic	cation, certificate and fee(s	s) are submitted	d for filin	g.	
Please return	all co	rrespondence concerning t	his matter to th	e followi	ng:	
JENNI <b>N</b> FER	CLARK	:				
		Name of Person				
CENTEX CO	NSTRU	CTION				
		Firm/Company		_		
23422 LUTHE	ERAN C	EMETERY RD				
		Address				
TOMBALL, T	X 773	77				
		City/State and Zip Coo	de			
jclark@centex	construc	ction.com				
E-mail add	iress: (	to be used for future annua	al report notific	ation)		
For further in	nforma	tion concerning this matter	r. please call:			
JENNIFER CL		<i>a</i>	281	414-22	278	
	Nan	ne of Person		e & Dayı	time 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			
		a check for the following	amount:			
■\$25 Filing	Fee	☐ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Certified (	•	☐ \$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 appear	rs on the records of the Florida I	Department of		
State: MDM CONTRACTING, LLC				
Enter new principal office address, if applicable:	23422 LUTHERAN CEMETER	ey RD		
(Principal office address MUST BE A STREET ADDRESS)	TOMBALL, TX 77377			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	23422 LUTHERAN CEMETER TOMBALL, TX 77377	L-		
2. The Florida document number of this limited lia	ability company is: M240000055	58		
3. Jurisdiction of its organization: TX				
4. Date authorized to do business in Florida: MAY	Y 1, 2024			
SECTION II (5-9 complete only the applicable of				
5. New name of the limited liability company: (must				
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	for the purpose of transacting be maging members adopting the alt C." or "LLC.")	isiness in Florida and attach a ernate name. The alternate name		
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our records idress here:	enter the name of the new		
Name of New Registered Agent;				
New Registered Office Address:	Futou Elavida			
	Emer Fioriaa Street Address			
	City	, Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change is liability company has been notified in writing of the	nt and agree to act in this capaci, and complete performance of my ered agent as provided for in Ch in the registered office address.	ty. I further agree to comply with duties, and I am familiar with apter 605 F.S. Or if this		

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Actio
MGR	DAVID BORNE	23422 LUTHERAN CEMETERY RD	□Add
		TOMBALL, TX 77377	■Remo
∕IGR	MARK WHITEHEAD	23422 LUTHERAN CEMETERY RD	□Add
		TOMBALL, TX 77377	<b>=</b> Remo
MGR MARK HERBERT	23422 LUTHERAN CEMETERY RD	□Add	
		TOMBALL, TX 77377	\alpha Remo
GR CENTEX ACQUISITION, LLC	40900 WOODWARD AVE, SUITE 200	<b>=</b> Add	
	BLOOMFIELD HILLS, MI 48304	□Remo	
		□Add	
aforemention	nder the law of which this entity is org	by the official having custody of records in the	□Remov

Filing Fee: \$25.00

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

May 09, 2024

Attn: CAPITOL SERVICES INC

Capitol Services, Inc. PO Box 1831 Austin, TX 78767 USA

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RE: MDM CONTRACTING, LLC

File Number: 805528420

It has been our pleasure to file the Certificate of Amendment for the referenced entity. Enclosed is the certificate evidencing filing. Payment of the filing fee is acknowledged by this letter.

If we may be of further service at any time, please let us know.

Sincerely.

Corporations Section Business & Public Filings Division (512) 463-5555

Enclosure

Come visit us on the internet at https://www.sos.texas.gov/
Phone: (512) 463-5555 Fax: (512) 463-5709 Dial:
Prepared by: Austin Swinburn TID: 10323 Do

Dial: 7-1-1 for Relay Services Document: 1362963050003 Corporations Section P.O.Box 13697 Austin, Texas 78711-3697

Jane Nelson Secretary of State



## CERTIFICATE OF FILING OF

MDM CONTRACTING, LLC 805528420

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 05/09/2024

Phone: (512) 463-5555

Prepared by: Austin Swinburn

Effective: 05/09/2024



gave Helson

Jane Nelson Secretary of State

Dial: 7-1-1 for Relay Services

Document: 1362963050003