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TALLAHASSEE, FLORIDA

2011 JUN -6 PH # 年7

C. LEWIS

JUN 7 2011

EXAMINER

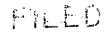
## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Cournoyer Building LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
•
William Cournoyer Name of Person
Name of Person
Cournoyer Building LLC FirmCompany
1015 Wood crest Ave Address
Address
Clear Water FL 33756 City/State and Zip Code
City/Blace and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William Cournoyer at (127) 656-4555  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2011 JUN - 6 PM 114 47

Conroyer Building	LLC	
(Name of the Limited Liability Com (A Florida Limited	<u>pany as it now appears o</u> d Liability Company)	FALLAHASSEE FLORIDA
The Articles of Organization for this Limited Liability Comparison of Co	ny were filed on	2-30-03 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Li"L.L.C."	mited Liability Company,	" the designation "LLC" or the abbreviation
Enter new principal offices 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)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
	Cin	, Florida
Naw Pagistawad Agant's Signature if shanning Desigtand Agan	City	Zip Code
	47.	

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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title Address** Name Randy Mitchell MGRM Remove Add Remove ☐ Add ☐ Remove Remove ∏Add  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member ournoyer Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00