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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOUR SQUARE CONSTRUCTION, 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:

	JACK	Name of Person)		
		(Firm/Company)		
	3822 F	LAYER DRIV	<u> </u>	
	NEW PO	RT RICHEY F (City/State and Zip Code)	SELLATARY ALLAMASSEI	7
For further information c	oncerning this matter, please c	all:	OF A	[7]
JACK D	HENRY of Person)	at (<u>727)</u> <u>267</u> – (Area Code & Daytime 1	785 PA = 0	0
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclo	osed)

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

FOUR SQUARE CONSTRUCTION, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 15, 2006and assigned
Florida document number & O6000 27050

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SET OF STATES OF

B. If amending the registered agent and/or registered office 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 F	lorida 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 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 fremoved from our records:

MGR = Manager

MGRM = Ma	naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JACK D. HENRY	3822 PLAYER PRIVE NEW PORT RICHEY FLORIDA 34655	Add Remove
<u>MGR</u> M	LINDA MORGAN-HE	NRY 3822 PLAYER DR NAW PORT RICHEY FLORICH 34655	Add Remove
MGR	STEVE J DEWEY	7110 RIVER RUN WEBKI WACHER FL 34607	Add Remove
MOR	JENNIE DEWEY	7110 RIVER RUN WEEKI WACHER FL 34607	Add Remove
			Add Remove
	·	TAELAHA	Remove
D. If amendin	ng any other information, enter change((s) here: (Attach additional sheets, if necessary)	
		•	
Dated <u>JU</u>	1) the	or authorized representative of a member	
_	JAG2 J	D. IFENRY r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00