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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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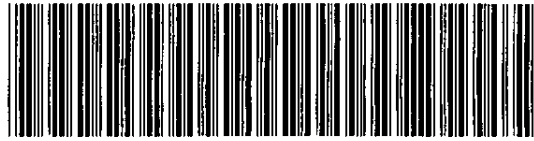
(Business Entity Name)

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JB

J. BRYAN NOV 27 2007

Stewart B. Capps, P.A.

Attorneys at Law

Stewart B. Capps

325 Fifth Avenue, Suite 208  
Post Office Box 034021  
Indianapolis, Florida 32903

Telephone 321/727-3200  
Facsimile 321/727-0029

November 20, 2007

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

Gentlemen:

Please find enclosed the Amended Articles of Organization along with a check for \$25.00 for the filing fee. If you have any questions or concerns, please feel free to contact the office.

With my regards,

Sincerely,



Stewart B. Capps

SBC/lp  
Enclosures

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**AMENDED ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the Limited Liability Company is SHEA & SON, LLC

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address**

Shea & Son, LLC  
407 South Palm Avenue  
Melbourne Beach, FL 32951

**Mailing Address**

Shea & Son, LLC  
407 South Palm Avenue  
Melbourne Beach, FL 32951

**ARTICLE III - REGISTERED AGENT REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Kenneth J. Shea  
407 South Palm Avenue  
Melbourne Beach, FL 32951

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.

  
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

MM

**Name and Address:**

Kenneth J. Shea  
407 South Palm Avenue  
Melbourne Beach, FL 32951

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MM

Cardiff Shea  
407 South Palm Avenue  
Melbourne Beach, FL 32951

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member**

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kenneth J. Shea

Typed or printed name of signee

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