

L08000101248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 SEP 24 PM 2: 55

C. LEWIS
SEP 25 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Constructors II, 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:

David Howell
Name of Person

National Constructors II, LLC
Firm/Company

11820 Miramar Parkway #B-2
Address

Miramar FL 33025
City/State and Zip Code

kristal.rosado@nationalconstructors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristal Rosado-Chofooklun at (954) 443-3060 ext 201
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 SEP 24 PM 2:55

National Constructors II, 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 November 4, 2008 and assigned
Florida document number L08000101248.

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:

11820 Miramar Parkway Ste 4

(Principal office address MUST BE A STREET ADDRESS)

Miramar Fl 33025

Enter new mailing address, if applicable:

11820 Miramar Parkway #B-2

(Mailing address MAY BE A POST OFFICE BOX)

Miramar Fl 33025

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 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 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

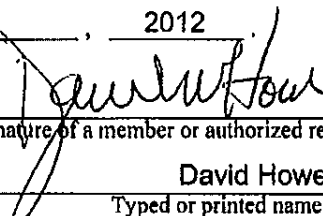
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Donald J Markey	12002 Miramar Parkway Miramar FL 33025	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	David Howell	11820 Miramar Parkway #B-2 Miramar FL 33025	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated September 12th, 2012



Signature of a member or authorized representative of a member
David Howell

Typed or printed name of signee

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