

LD000000 79415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

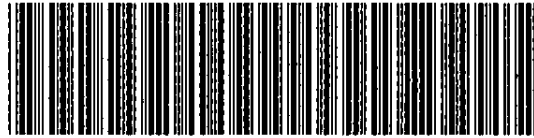
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400136288274

09/26/08--01031--013 **60.00

FILED
2008 SEP 26 PM 4: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 29 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COVER CONSTRUCTION GROUP, L.L.C.
(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:

BRANDOM ALLEN
(Name of Person)

COVER CONSTRUCTION GROUP, L.L.C.
(Firm/Company)

601 N. E. 36th Street; Apt #2412
(Address)

Miami, Florida 33137
(City/State and Zip Code)

For further information concerning this matter, please call:

BRANDON ALLEN at (**888**) **538-5559**
(Name of Person) (Area Code & Daytime Telephone Number)

2008 SEP 26 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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**

COVER CONSTRUCTION GROUP, L.L.C.

(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 8-11-08 and assigned Florida document number L06000079415.

This amendment is submitted to amend the following:

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

N/A

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)

601 N.E. 31TH STREET; APT. #2412

Miami, Florida 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P. O. Box 31-612

Miami, Florida 33231

FILED
2008 SEP 26 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Brandon Allen

New Registered Office Address:

601 N.E. 36th Street; Apt# 2412

(Enter Florida street address)

Miami

(City)

Florida 33137

(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	Laszlo Fazekas	6532 Miami Lakes	<input type="checkbox"/> Add
		Miami Lakes, Florida 33014	<input checked="" 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.)*

N/A

FILED
 2008 SEP 26 PM 4:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated June 24, _____, 2008



Signature of a member or authorized representative of a member

Brandon Allen

Typed or printed name of signee