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EXAMINER



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08/26/09--01014--016 **30.00

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PALM COAST LIGHTHOUSE 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:
Thilip R. Caester
PARM COAST LIGHTHOUSE CONSTRUCTION
P.O. BOX 210396
Hoyal Palm Boach, Fi 33 Hol City/State and Zip Code
Palm COAST 12 @ COMCAST. NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Third R. Course at 66, 358-5338 Name of Person at Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
MAIL INC ADDRESS. : STREET/COUDIED ADDRESS.

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

PALM CODET LIGHT	HOUSE COOST	EUCTION, LL	
(<u>Name of the Limited Liability</u> (A Florida I.	Company as it now appears on imited Liability Company)	l j	
The Articles of Organization for this Limited Liability C	ompany were filed on 8	17 09 and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
	-		_
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company,"	'the designation "LLC" or the a	bbreviation
		-	.01\
Enter new principal offices address, if applicable:			<u>- 555</u>
(Principal office address MUST BE A STREET ADDR	RESS)	<u>a</u>	<u>-유국</u> -
		2	트로그
•	:	σ ₀	
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •		ن	
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
B. If amending the registered agent and/or regis	toned office address on our	monands antor the name s	of the nev
registered agent and/or the new registered office add		records, enter the name of	tile nev
Name of Name Deviation 2 Access			
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			
	Enter	Florida street address	
		, Florida	
	City	Zip Cod	e

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 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 **Title Address Type of Action** Remove Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00