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SECRETARY OF STATE

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JUL - 7 2008

EXAMINER

COVER LETTER

Division of Corp	orations '			
SURJECT: Kenmar	General Contractin	a, LLC		
Soldieci.		ited Liability Company)		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Vicki Marino			
		(Name of Person)		
	Kenmar General Contrac		·	
		(Firm/Company)		
	1075 Duval Street C21PM	MB150	<u> </u>	
		(Address)		
	Key West, FL 33040			
		(City/State and Zip Code)		
For further information co	oncerning this matter, please co	all:		
Vicki Marino		at (305) 295-8239		
(Name o	f Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for the	e 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

TO:

Registration Section

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Agranda -

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kenmar General Contracting, LLC		
(Name of the Limited Liability) (A Florida	ty Company as it now appears on our record Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability	Company were filed on February 12, 2002	and assigned
Florida document number L0200003631	<u> </u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		08 1ALL
Enter new mailing address, if applicable:		SSE JE
(Mailing address MAY BE A POST OFFICE BOX)		
		⊕A. O.
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		nter the name of the nev
registered agent and/or the new registered office ad-	ures nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida str	eet address)
<u></u>	, Flori	· · · · · · · · · · · · · · · · · · ·
	(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> **Address Type of Action** Name | MGR **Bradly Gendron** 1075 Duval Street C21PMB150 **r** Add Key West, FL 33040 Remove Jeff Hagel MGR **₽** ✓ Add 1075 Duval Street C21PMB150 Key West, FL 33040 ■ Remove 🗂 Add ☐ Remove 🗂 Add Remove 🗖 Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated June 27, 2008 Signature of a member or authorized representative of a member Vicki Marino

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00