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	(R	equestor's Name	·)
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	PICK-UP	☐ WAIT	MAIL
. <u>. —                                  </u>	(Bi	usiness Entity Na	ame)
	(Do	ocument Numbe	r)
Certified	Copies	Certificate	es of Status

Special Instructions to Filing Officer:

L. SELLERS

JUL 1.4 2010

**EXAMINER** 

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## **NOVAK LAW GROUP**

ATTORNEYS AT LAW

JEREMY T.M. NOVAK\* JOSEPH S. NOVAK®® JUDITH A. NOVAK®

Florida Offices 209 7th STREET PORT ST. JOE, FLORIDA 32456

July 8, 2010

TEL. (850) 229-4700 TELEFAX (850) 229-1148 www.NovakLaw.us

DOUGLAS L. NOVAK

\* Member Fl. & NJ Bar \*Member of NJ Bar & Of Counsel (FL)

\* Member of PA & NJ Bar + Member of SC Bar & Of Counsel (FL)

VIA FIRST CLASS MAIL

Department of State Amendment Section-Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

> Re: Articles of Amendment to Articles of Organization Big Fish Construction, LLC

Dear Amendment Section:

Enclosed please find the Articles of Amendment to the Articles of Organization for the above referenced entity.

Kindly return all correspondence, filed papers, information requests and/or further inquiries concerning this matter to our offices at:

Novak Law Group, PLLC c/o Jeremy T.M. Novak, Esq. 209 7th Street, Port St. Joe, Florida 32456 (850) 229-4700

Thank you for your anticipated cooperation and assistance in this regard.

Respectfully submitted,

Novak Law Group, PLLC

Encl.

## **COVER LETTER**

то;	Registration S Division of Co				
SUBJE	CT:	Big Fish	Construction, LLC		
00000	<u></u>		nited Liability Company		
The enc	closed Articles o	f Amendment and fee(s) are su	ubmitted for filing.		
Please r	return all corresp	ondence concerning this matte	er to the following:		
		Je	eremy T.M. Novak, Esq.		
		N	lovak Law Group PLLC		
			Firm/Company		
		209 7th Street			
		_	Address		
		Po	rt St. Joe, Florida 32456 City/State and Zip Code		
		E-mail address:	tnovak@novaklaw.us (to be used for future annual report notifi	cation)	
For furtl	her information of	concerning this matter, please	call:		
		T.M. Novak, Esq.	at ( <u>850</u> ) Area Code & Daytime	229-4700 Telephone Number	
Enclose	d is a check for t	he following amount:			
<b>√</b> \$25.0	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)	
	Regists Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	tions ter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Big	Fish Const	truction, LLC	<u> </u>		
( <u>Name of the Limited</u> (A	<u>Liability Compan</u> Florida Limited L	i <mark>y as it now appe</mark> a iability Company)	ars on our records.)		
The Articles of Organization for this Limited Lia Florida document number L03000032		were filed on	August 26, 2003	and assign	ed
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company he	ere:		
The new name must be distinguishable and end with "L.L.C."	n the words "Limit	ed Liability Comp	pany," the designation "LL	C" or the abbr	 reviation
Enter new principal offices address, if applicable:		346 Commerce Blvd			
(Principal office address MUST BE A STREET ADDRESS)		Port St Joe,	Florida 32456		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I  B. If amending the registered agent and/or the new registered off	or registered off	ice address on	Florida 32456	e name of t	he new
Name of New Registered Agent:	Jeremy T.M. Novak, Esq.				
New Registered Office Address:	209 7th Street, Port		e, Florida 32456		77
		E	nter Florida street addr	2 - 2 2 - 2	A::
	P	ort St Joe	, Florida	32456	m
		City	:	-ZIP Co <del>de</del>	O
New Registered Agent's Signature, if changing R	egistered Agent:		5		
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this o	roper and compl stered agent as p registered office change.	lete performance provid <del>ed for in</del> C address, Lh <del>erel</del>	e of my duties, and I an Thapter 608, R.S. Or, if	n familiar wi f this docume iteal liability	th and

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Kelli Newman	1409 Constitution Drive Port St. Joe, Florida 32456	Add Remove
	<del></del>		Add Remove
			Add Remove
D. If amend	ling any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)	_
			<u> </u>
Dated	Signature of	a member or authorized representative of a member	
	oignature of	G. Stephen Newman, Jr.	
		Typed or printed name of signee	<u></u>

Page 2 of 2

Filing Fee: \$25.00