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SECRETARY OF STATE

D. BRUCE

MAR 3 1 2009

**EXAMINER** 

## **COVER LETTER**

Division of Con	rporations			
SURJECT: Corner	stone Design & Con	struction L.L.C.		•
<u> </u>		nited Liability Company)		4.6
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspondent	ondence concerning this matter	r to the following:		
	James G. Vose			
		(Name of Person)		
	Cornerstone Design & C	Construction L.L.C.		
	<del> </del>	(Firm/Company)		
	460 Coopers Cove Road	ı		
		(Address)	For	0
	Saint Augustine, FL 320	995	ECR	- QQ
		(City/State and Zip Code)	HAS AS	09 MAR 30
For further information of	concerning this matter, please o	nall:	SP MC	
To future information	onceining this mater, prease c	aii.	E CO	PRIT
James G. Vose		at ( 904 ) 540-1064	ORI ORI	D 2:2
(Name	of Person)	(Area Code & Daytime T	elephone Number)	-
Enclosed is a check for the	he 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	

MAILING ADDRESS:

TO:

**Registration Section** 

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

Cornerstone Design & Construction L.L.			
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our rec Limited Liability Company)	cords.)	
The Articles of Organization for this Limited Liability			
Florida document number L03000047960	·		
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 w "L.L.C."	ords "Limited Liability Company," the desi	ignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
		AAR T	
		R 31	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		TO R I	
		S 2 2 2	
D If amounting the registered agent and/or well	-t1 -65°111	DA A	
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		s, enter the name of the new	
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>	Name	<u>Address</u>	Type of Action
MGRM_	David S. Vose	460 Coopers Cove Road	<b></b> Add
		Saint Augustine, FL 32095	Remove
		<u> </u>	Add
			Remove
			Add
			Remove
<del></del>			Add Remove
			Add
<del></del>			Add
D. If amendin	a any ather information, enter chan	ge(s) here: (Attach additional sheets, if ne	ageram )
D. 11 amenum	g any other information, enter chan	ge(s) nere: (Anach dadnional sheets, y ne	cessury.)
<del></del>			09 MAR 30 SECRL TARRY
	APPA de la constitución de la co		AR 30 NASSEE
	_		FOF S
Dated March 20	6, 2009 Jumn k	2 Vose	D 2:21 STATE LORIDA
	signature of a member	er or authorized representative of a member	
		d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00