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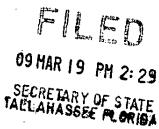
## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 135 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:
Shown Barry (Name of Person)  Vd S Construction UC
(Firm/Company)  2350 Phillips Road #2302  (Address)
Tallahassee Fl 32308 (City/State and Zip Code)
For further information concerning this matter, please call:
Venessa Barry at (80) 339-8674  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIED 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



: 1		٠.,	TO CLIEN
1165 MONSTRUCT	eom/1(		
(Name of the Limited Liabili (A Florida	ty Company as it now appea	rs on our records.)	
(A Florida	Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on	3/5/03	and assigned
		3/2/0 <u>—</u>	and assigned
Florida document number <u>LO 30000 50</u>	<u>2</u> 20		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the wo	ords "Limited Liability Compa	any," the designation "I	LC" or the abbreviation
"L.L.C."			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	D PCC)		
Trincipal office dauress MOST BE A STREET ADD	NESS/		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<del>-</del>	
		<del></del>	
	<del></del>		<del> </del>
B. If amending the registered agent and/or regis	stared office address on a	num manamda anton t	he name of the new
registered agent and/or the new registered office add	lress here:	our records, enter i	ne name of the new
N. C.Y. D. C. L.			
Name of New Registered Agent:			
New Registered Office Address:			
	(E)	nter Florida street add	dress)
		<b>1</b> 775	
<del></del>	(City)	, Florida	(Zip Code)
	(Chy)		(Lip 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

**Type of Action** <u>Title</u> **Address** <u>Name</u> Jenesson Barry ┌ Add 7 Remove ☐ Add Remove 🗂 Add Remove Remove Add 🗂 Remove **7** Add 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member enessa Barry
Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00