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COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Adam's Framino	and Construction LLC			
30 b 3LC1.		ited Liability Company	<u></u>		
		V 1 1 1	ASEC 12 OF		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:	12 OCT - 1 PM 3: 27 TALLAMASSEE, FLORIDA		
		Lisa Cogan			
		Name of Person	7		
	BS	SI Contractor Services			
		Firm/Company			
		34 Arlington Rd. S.			
		Address			
	J:	acksonville, FL 32216			
		City/State and Zip Code			
	IIc@aa E-mail address: (aaconstructionschool.com to be used for future annual report notifi	cation)		
For further information	concerning this matter, please of	·			
	Lisa Cogan	at (904)	264-1289		
Name	of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for	the 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)		
MAII	LING ADDRESS:	STREET/COURI	FR ADDRESS:		

MAILING ADDRESS:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASSESSED ASSESSED.

Adam's Framing and Construction LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L Florida document number L0400001		were filed on	02/05/2004	and signed
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here	:	
	Adam's Const	ruction LLC		
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	able:	NA		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	NA		
B. If amending the registered agent and/registered agent and/or the new registered o			ır records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:	NA	•		
New Registered Office Address:	NA			
		Ente	r Florida street addr	'ess
			, 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

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