## L04000029421

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ac                     | ldress)            |             |
| (Ci                     | ty/State/Zip/Phone | <b>∌</b> #) |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
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Office Use Only



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2011 JUN -2 AM 8: 30
2011 JUN -2 AM 8: 30

J. SAULSBERRY EXAMINER JUN **3** 2011

## **COVER LETTER**

| TO: Registration S Division of Co |  |   | · .  |
|-----------------------------------|--|---|--|
| SUBJECT: _R_                      | C. M'LLER<br>Name of Limit                 | ConsTruction  ted Liability Company                               | LLC.   |
| The enclosed Articles of          | f Amendment and fee(s) are sub             | mitted for filing.  |  |
| Please return all corresp         | ondence concerning this matter             | to the following:   | •  |
|                                   | Rupozp                                     | Name of Person  | M GR   |
|                                   | R.C M:LL                                   | ER CONSTRUCT. Firm/Company  | ON LLC   |
|                                   | 3912 Sun                                   | OBIRD CIRCLE Address  | ZOIL JI  |
|                                   |  | 9 FLORIDA 3 City/State and Zip Code                               | ALLAHASSEE FI  |
|                                   | R.C M: LL<br>E-mail address: (i            | ER 40 @ YAho<br>o be used for future annual report notifica       | O. COM FOR STATE   |
| For further information           | concerning this matter, please c           | all:  | 30   |
| RUPOLO Name                       | H C M.LE                                   | Area Code & Daytime T   | 903<br>'elephone 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) |
|                                   |  |   |  |

MAILING ADDRESS:

**V** 

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

| R. C. M. LLER CON (Name of the Limited Liability Compan (A Florida Limited Li  |  |
|--|--|
| The Articles of Organization for this Limited Liability Company  | were filed on 4/16/2004 and assigned                             |
| Florida document number <u>L 6 4000029</u> 4   | 2/   |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liabi   | lity company here:   |
| The new name must be distinguishable and end with the words "Limit "L.L.C."  | ed Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:  | 3912 SUNBIRD CIRCLE  |
| (Principal office address MUST BE A STREET ADDRESS)  | SEBRING FLORIDA  |
|  | 33872  |
| Enter new mailing address, if applicable:  | 3912 SUNBIRD CIRCLE  |
| (Mailing address MAY BE A POST OFFICE BOX)   | SEBRING FLORIDA  |
|  | 33872  |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here |  |
| Name of New Registered Agent: N8   | CHANGE   |
| New Registered Office Address: 39/2  | SUNBIRD CIRCLE  Enter Florida street address                     |
| <i>SE</i>  | BR'ney Florida 33872 City Zip Code                               |
|  | 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.

| Name Address  Process  Add Gradd Gra |      | anaging Member |              | name and address of each was |
|--|------|----------------|--------------|------------------------------|
| Add Remove   |      | <u>Name</u>    | Address      | Type of Ac                   |
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|  | 7    |                |              |                              |
| Y PRINCIPAL OFFICE ADDRESS CHANGE  |      |                |              | •                            |
| Y PRINCIPAL OFFICE ADDRESS CHANGE  - 3912 SUNBIRD CIRCLE SEBRING FLORIDA   | 2/ / | MAILING ADDRE  | · 5 <u>S</u> |                              |
| Y PRINCIPAL OFFICE ADDRESS CHANGE  - 3912 SUNBIRD CIRCLE SEBRING FLORIDA  33872  |      |                |              | BRING FloRIDA                |
| - 3912 SUNBIRD CIRCLE SEBRING FLORIDA  33872  4 MAILING ADDRESS  | 5    |                |              | 33872                        |
| Y PRINCIPAL OFFICE ADDRESS CHANGE  - 3912 SUNBIRD C'ACLE SEBRING FLORIDA  33872  4 MAILING ADDRESS  3912 SUNBIRD C'RCLE SEBRING FloRIDA.   |      | •              |              | SRM                          |

Page 2 of 2

Filing Fee: \$25.00