

LO4000037540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

LO4 - 37540

(Document Number)

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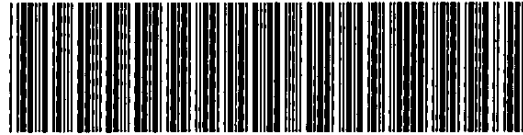
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Coury 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:

Raymond F. Coury  
(Name of Person)

Coury Construction LLC  
(Firm/Company)

1479 Oakhill RD.  
(Address)

Gulf Breeze Fl. 32563-  
(City/State and Zip Code)

For further information concerning this matter, please call:

Raymond F. Coury at ( 850 ) 932-2479  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|---|--|

**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**

Coury Construction LLC

(Present Name)  
(A Florida Limited Liability Company)

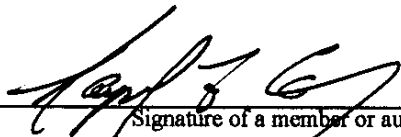
**FIRST:** The Articles of Organization were filed on May 10, 2004 and assigned  
document number L04000037540.

**SECOND:** This amendment is submitted to amend the following:

Change of name to Ohana Designs LLC

\_\_\_\_\_  
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Dated November 16, 2006.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Raymond F. Coury

\_\_\_\_\_  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

06 NOV 20 PM 4:46

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**Filing Fee: \$25.00**