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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: JCA Construction LLC (Name of Limited Liability Company)			
(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:			
Wanda Adama (Name of Person)			
JCA (onstruction LLC. (Firm/Company)			
3193' Newmark Dr.			
Deltong FL 32738 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Tavier La Tovra at (54) 856-4750  (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\			

### 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

		SX.00.
JCA Cons	ability Company as it now appears or orda Limited Liability Company)	
(Name of the Limited Li (A Fl	orida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liab	ility Company were filed on	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and end with to "L.L.C."		
B. If amending the registered agent and/or registered agent and/or the new registered offic		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Floridu street address)	
_		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	ristered 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action <u>Title</u> **Address** <u>Name</u> MGR 3193 Newmark Dr. TTAdd Deltong FL 32738 Remove MG12 Remove Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 1-08-08 ignature of a member or authorized representative of a member It Wa ME
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00