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T. HAMPTON

OCT - 6 2009

EXAMINER

COVER LETTER

то: '	Registration S Division of Co							
SUBJECT: J.J. & J. FRAMING, LLC								
			ited Liability Company	 				
The encl	losed Articles of	`Amendment and fee(s) are sul	bmitted for filing.	•				
Please re	eturn all corresp	ondence concerning this matter	r to the following:					
		Charli McNeal						
			Name of Person					
	Firm/Company							
	420 North Boundary Avenue							
	DeLand, FL 32720							
			City/State and Zip Code					
		Char E-mail address: (li@mcnealandwhite.com to be used for future annual report notifica	tion)				
For furth	er information of	concerning this matter, please of	call:					
		narli McNeal	at ()	43-9433				
	Name o	of Person	Area Code & Daytime 1	elephone Number				
Enclosed	d is a check for t	he following amount:		•				
\$25.0	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)				
·	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIED Registration Section Division of Corporati Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	J.J. <u>&</u> J. Fra	aming, LLC		_			
(Name of the Limited	Liability Compa Florida Limited I	iny as it now appe Liability Company)	ars on our records.)				
The Articles of Organization for this Limited Lia		were filed on	August 26, 2004	and ass	igned		
Florida document number L0400063	405						
This amendment is submitted to amend the follo	wing:						
A. If amending name, enter the new name of	the limited liab	ility company he	ere:				
FLORIDA	GREEN CO	NSTRUCTION	I, LLC				
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Com	pany," the designation "I	LLC" or the a	boreviation		
Enter new principal offices address, if applica	ble:	420 North B	oundary Avenue	090	SECH		
(Principal office address MUST BE A STREET	(ADDRESS)	DeLand, FL	32720	<u>~</u>	OH.		
				ြင်း	$\mathcal{O}_{\mathcal{K}}^{\mathcal{R}}$		
			_	- 32	경우(C)		
Enter new mailing address, if applicable:		420 North B	oundary Avenue		DRIST.		
(Mailing address MAY BE A POST OFFICE &	<u>ox</u> o	DeLand, FL 32720		3	E E		
					S		
B. If amending the registered agent and/o registered agent and/or the new registered off			our records, enter t	the name o	the new		
Name of New Registered Agent:	KERMIT S. MCNEAL, JR.						
New Registered Office Address:							
	Enter Florida street address						
		DeLand	, Florida	32720			
		City		Zip Code			
New Registered Agent's Signature if changing P.	opistered Apents	•					

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 um 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.

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

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:

MGRM = M	lanaging Member		
Title	<u>Name</u>	Address	Type of Action
<u>VPO</u>	BOUCHARD, ROCK A JR	2010 SOUTH RIDGEWOOD AVENUE FDGEWATER FL 32141	Add Remove
<u>VP</u>	WALKER, JAMES W	25440 MARDON CIRCLE PAISLEY EL 32767	Add Remove
MGRM	MCNEAL, KERMITS	25440 MARDON CIRCLE PAISLEY EL 32767	/ Add Remove
			Add Remove
· .			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE DIVISION OF CORPORATION OF CORPO
	Signature of a membe	New 10 - 1-09 er or authorized representative of a member	
		rmit S. McNeal, Jr.	

Page 2 of 2

Filing Fee: \$25.00