2040000le855

(Requestor's Name)
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(City/State/Zip/Phone #)
(Only otate Elph Hone H)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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10/26/09--01017--013 **25.00

FILED 99 OCT 26 PM 2: 35 SECRETASSEE FLORIES

D. BRUCE

OCT 27 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	Custom Constru	ction of Central FL LLC	,			
	Name of Lim	ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	condence concerning this matte	r to the following:				
		Matthew D. Martin				
Custom Construction of Central FL INC.						
	Lake	Panasoffkee FL 33538				
	<u></u>	ge st mane . The s				
		<u> </u>				
		to be used for future annual report notific	ation)	ੇ ਜੋ ਜੋ		
For further information	concerning this matter, please	call:		ASA 22 =		
М	atthew Martin	at (352) 2	00-1410			
Name	of Person	Area Code & Daytime	Telephone Number	F STATE		
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)	Certified C	of Status &		

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

npany as it now apped Liability Companion any were filed on _	9/1	3/04	and assigned
	,	3/04	and assigned
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iability company	have:	•	
	<u>lici e</u> .		
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Enter new principal offices address, if applicable:			
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			35
			
		······	•
here:	n our rec	ords, <u>enter f</u>	he name of the ne
R. 307			
	Enter Flor	ida street add	ress
e Panasoffkee	FL	_, Florida	33538
City			Zip Code
	office address of here: D. Martin R. 307 e Panasoffkee	office address on our recohere: D. Martin R. 307 Enter Flori	office address on our records, enter there: D. Martin R. 307 Enter Florida street additional contents of the contents of th

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

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 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

Title	Name	Audres	Type of Action
MGR	Matthew D. Marti	4813 C.R. 307 Lake Panasoffkee FL	
			
			Add Remove
1 = - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ - \ \ \ - \ \ - \ \ \ - \ \ \ - \ \ \ - \ \ \ \ - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Add Remove
***************************************			Add Remove
			AddRemove
			AddRemove
D. Ifan	nending any other information	on, enter change(s) here: (Attach additional she	ets, if necessary.)
	*****		75ECR 98 0
			TARY O
Dated	10/21	<u>, 2009</u> .	ED 2: 35
	Signa	ture of a member or authorized representative of a me	mber
		Billy E. Martin II	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00