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T. CLINE

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**EXAMINER** 

## **COVER LETTER**

nendment and fee(s) are sub	mitted for filing.		
ence concerning this matter	to the following:		
Jason C. Kelly			
	(Name of Person)	<del></del>	
Fassett, Anthony & Taylo	or, P.A.		
	(Firm/Company)		
1325 W. Colonial Dr.			
	(Address)		
Orlando, FL 32804			
	(City/State and Zip Code)		
cerning this matter, please ca	all:		
	at ( 407 ) 872-0200	TALI	2001
		Felephone Number)	2008 NOV 10
following amount:		SSEE.	Ex. 52,00
□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Peop Certificate of Stat Certified Copy (additional copy i	$\sigma$
	Jason C. Kelly  Fassett, Anthony & Taylo  1325 W. Colonial Dr.  Orlando, FL 32804  cerning this matter, please ca  Person)  following amount:	(Name of Person)  Fassett, Anthony & Taylor, P.A.  (Firm/Company)  1325 W. Colonial Dr.  (Address)  Orlando, FL 32804  (City/State and Zip Code)  cerning this matter, please call:  at ( 407 ) 872-0200  Person)  (Area Code & Daytime 7)  following amount:  \$\Pi\$\$30.00 Filing Fee & Certified Copy	Jason C. Kelly   (Name of Person)

MAILING ADDRESS:

TO: , Registration Section Division of Corporations

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

Arrington Collins & Young Contract (Name of the Limited I	iability Compa	ny as it now appears on our liability Company)	records.)	
The Articles of Organization for this Limited Lia Florida document number L04000070600	bility Company	were filed on September 2	28, 2004 and assigned	
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
ACY Contractors, LLC				_
The new name must be distinguishable and end with "L.L.C."  Enter new principal offices address, if applica	the words "Limi	ted Liability Company," the d	lesignation "LLC" or the abbreviat	ion
Enter new principal offices address, if applica	ble:	7476 Groveoak Drive	28 6	YĘ.
(Principal office address MUST BE A STREET	ADDRESS)	Orlando, FL 32810	ASS -	
			m/ m/	
Enter new mailing address, if applicable:		PO Box 617007	FLORING 5	er met (
(Mailing address MAY BE A POST OFFICE BOX)		Orlando, FL 32861	9,1	_
B. If amending the registered agent and/or registered agent and/or the new registered off  Name of New Registered Agent:  New Registered Office Address:		<u>e:</u> ak Drive		_ <u>iew</u> _
	(Enter Florida street address)			
	Orlando		Florida <u>32810</u>	_
		(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.

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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Andre Collins	110 Academy Avenue Sanford, FL 32771	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remiñve  REMIÑVE  AND Add Add Add Remove
D. If an	nending any other information, enter change(s)	<u></u>	
	Address of MGR Michael Artifigion.		
	7476 Groveoak Drive		
	Orlando, FL 32810		_
Dated N	ovember 5 , 2008		
		authorized representative of a member	
	Jason C. Kelly . Typed or p	printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00