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(R	equestor's Name)	_
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL.
(B	usiness Entity Name)	
. (D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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T. HAMPTON

DEC - 8 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co						
SUBJECT: ACY C	ONTRACTORS, LLO					
		ited Liability Company)	_			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:	•			
	Jason C. Kelly					
		(Name of Person)				
	Fassett, Anthony & Taylor, P. A.					
		(Firm/Company)				
	1325 W. Colonial Drive					
		(Address)				
	Orlando, Florida 32804					
		(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·			
For further information of	concerning this matter, please c	all:				
Jason C. Kelly		at ( 407 ) 872-0200				
(Name	of Person)	(Area Code & Daytime T	elephone Number)			
Enclosed is a check for t	he following amount:					
2 \$25.00 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)			

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

	ONTRACTORS, Liability Compa Florida Limited I	, LLC ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Lia	ability Company	were filed on September 28, 2004	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and end with 'L.L.C."	the words "Limi	ited Liability Company," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applica	ıble:	2571 Breezy Meadow Road	08 DE
(Principal office address MUST BE A STREE)	(ADDRESS)	Apopka, Florida 32712	C PET
			ज ुर्हे
Enter new mailing address, if applicable:		P. O. Box 683376	PH 12:1
Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	Orlando, Florida 32868	9 F
B. If amending the registered agent and/o registered agent and/or the new registered of			e name of the new
Name of New Registered Agent:			
New Registered Office Address:	2571 Breezy	Meadow Road (Enter Florida street addr	ess)
	Apopka	, Florida <u>327</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

Apopka, Florida 32712

MGRM = Managing Member Title <u>Name</u> **Address** Type of Action VΡ Andre Collins P. O. Box 683376 **≖** Add Orlando, FL 32868 ■ Remove Andre Collins Mgr 110 Academy Avenue ■ Add Sanford, FL 32771 Remove Remove \_ Add Remove \_ Add Remove ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Address of MGR Michael Arrington 2571 Breezy Meadow Road

Dated November 24 , 2008 .

Signature of a member or authorized representative of a member

Jason C. Kelly

Typed or printed name of signee

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Page 2 of 2
Filing Fee: \$25.00