

L 04000091516

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(Address)

(City/State/Zip/Phone #)

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2012 MAY 30 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12 MAY 30 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
MAY 30 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREMIERE LAKE FRONT OF CENTRAL FLORIDA, LLC
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:

WAYNE VAUGHAN

Name of Person

Firm/Company

1500 SUNSET VILLAGE BLVD

Address

CLEARWATER, FL 34711

City/State and Zip Code

WORK1988@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WAYNE VAUGHAN

Name of Person

at 352-636-5502

Area Code & Daytime Telephone Number

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)

☐ \$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

Date: May 30, 2012

Attn: State of Florida Division of Corporations

To Whom It May Concern:

I authorize Premiere Lake Front of Central Florida LLC to Complete Foundation Systems LLC

President

Terry Greene

Complete Foundation Systems Inc

Terry Greene

STATE OF FLORIDA

COUNTY OF Hernando

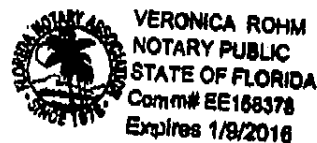
Sworn to (or affirmed) and subscribed before me this 30th day of May, 20 12
by Terry Greene (name of person making statement) who is personally
known to me or produced _____ as identification, and who did take
an oath.

Veronica Rohm

NOTARY PUBLIC

Printed Name of Notary Veronica Rohm

Commission Expires 1/9/16



ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

12 MAY 30 AM 10:16

PREMIERE LAKEFRONT OF CENTRAL FLORIDA
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/17/2004 and assigned
Florida document number L04000091516

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

COMPLETE FOUNDATION SYSTEMS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
MGR	CHANDLER COLE	15330 FLIGHT PATH DR BROOKSVILLE, FL 34604	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DON GARRETT	15330 FLIGHT PATH DR BROOKSVILLE, FL 34604	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LOU ROLLER	15330 FLIGHT PATH DR BROOKSVILLE, FL 34604	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DAVID COSTA	15330 FLIGHT PATH DR BROOKSVILLE, FL 34604	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 5/30, 2012

Wayne Vaughan

Signature of a member or authorized representative of a member

WAYNE VAUGHAN

Typed or printed name of signee