1050000824

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EXAMINER



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08/25/10--01019--005 **25.00

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mr/1/en Construction of North Florida UC 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:
Michae Miller Name of Person
Miller Construction of North FLUC Firm/Company
5465 Sand Lake Dr. Address
Melbourne FC 32934 City/State and Zip Code
VROUM 123 & VAHOO: Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Miller at (321) 684-1343 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \& \text{Certified Copy} \\ (additional copy is enclosed)\$\$ \$60.00 Filing Fee, \text{Certified to 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

Miller Construction (Name of the Limited Liability Compa) (A Florida Limited L	A NORTH Florida ny as it now appears on our records.) iability Company)	3, LLC	
The Articles of Organization for this Limited Liability Company Florida document number <u>L0500008247</u> .	were filed on $1-76-20$	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	-N/D		
[Trincipal Office address MOST BE A STREET ADDRESS]			
Enter new mailing address, if applicable:		3 F	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		er the name of the new	
Name of New Registered Agent:	N/A		
New Registered Office Address:	Enter Florida street a	address	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and compa accept the obligations of my position as registered agent as p	lete performance of my duties, and	l I am familiar with and	

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = I	anager Managing Member		
Title	<u>Name</u>	Address	Type of Action
MGR	Wayne Hemstrong	2172 SANDALWOOD DRIVE MELBOURNE, FL 32935	Add Remove
MGR	WILLIAM ARMSTRONG	210 SUTTON STREET ROCKLEPGE, FL 329 5 5	Add Remove
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessar)	v.)
*******	······································		
Dated		· · · · · · · · · · · · · · · · · · ·	
	Michael E Typed	r or authorized representative of a member	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00