## L050WU19005

(R	equestor's Name)	
(A)	ddress)	
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B. KOHR

OCT 16 2009

**EXAMINER** 

DIVISION OF CORPORATIONS

09 OCT 13 PM 4: 56

## COVER LETTER ·

TO:	Registration S Division of Co		• •		
SUBJI	ECT:	McDorma	an Holdings LLC		_
			ited Liability Company		ON SE
					OK ON O
The en	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		ن
Please	return all corresp	ondence concerning this matte	r to the following:		OBOCT 13 PA W
		Joe McDorman			7
•			Name of Person		
· .		Mo	Dorman Holdings LLC		
			Firm/Company		
459		4591	l Highway 20 East, #201		
			Address		
		N	iceville, Florida 32578		
		ionor@a	City/State and Zip Code		
·		E-mail address: (	ncdorman-construction.co to be used for future annual report no	otification)	
For fur	ther information of	concerning this matter, please c	eali:		
		e McDorman	at (_850 )	897-4343	
	Name o	of Person	Area Code & Dayt	ime Telephone Number	
Enclose	ed is a check for t	he following amount:			
<b>\$</b> 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is	
	Regist Divisio P.O. B	JNG ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	oorations Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

McDorman Ho (Name of the Limited Liability Compar (A Florida Limited L	oldings LLC ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	oldings LLC ny as it now appears on our records.) iability Company) were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	4591 Highway 20 East, #101
(Principal office address MUST BE A STREET ADDRESS)	Niceville, FL 32578
Enter new mailing address, if applicable:	4591 Highway 20 East, #101
(Mailing address MAY BE A POST OFFICE BOX)	Niceville, FL 32578
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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:

	= Manager M = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
-			Add Remove
			Add
-	<del>.</del>		Add Remove
			Add
D. If a	Change address of Registere	er change(s) here: (Attach additional sheets, if necessar ed Agent - Darren McDorman g Members - Darren McDorman & Kristina McD	
	New addresses are all the sai	me: 4591 Highway 20 East, #201	
		Niceville, Florida 32578	<del></del>
Dated _	October 1	, <u>2009</u> .	
	Signal	a member or authorized representative of a member	
		Darren McDorman Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00