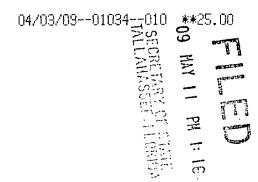
105000027571

| (Requestor's Name) |
|--|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) (Document Number) |
| Certified Copies Certificates of Status |
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| Office Use Only |



100148519261



S. HAWKES MAY 1 4 2009 EXAMINER

S. HAWKES

APR 62009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2009

THOMAS ARNOW PO BOX 2451 BONITA SPRINGS, FL 34133

SUBJECT: T D A CONSTRUCTION, LLC

Ref. Number: L05000027571

We have received your document for T D A CONSTRUCTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 909A00011486

Suzanne Hawkes Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

Registration Section
Division of Corporations

| SURJECT: TDAC | Construction, LLC | | | | | |
|--|---|--|---|--|--|--|
| (Name of Limited Liability Company) | | | | | | |
| | | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sul | bmitted for filing. | | | | |
| Please return all correspondence | ondence concerning this matter | to the following: | | | | |
| | | | | | | |
| Thomas Arnow | | | | | | |
| (Name of Person) | | | | | | |
| T D A Construction, LLC | | | | | | |
| (Firm/Company) | | | | | | |
| P.O. Box 2451 | | | | | | |
| | | (Address) | | | | |
| Bonita Springs, FL 34133 | | | | | | |
| | | (City/State and Zip Code) | | | | |
| | | | | | | |
| For further information c | oncerning this matter, please o | all: | | | | |
| THOMAS ARNOW | | at (239) 961-1659 | | | | |
| (Name of Person) (Area Code & Daytime Telephone Number | | | elephone Number) | | | |
| | | | | | | |
| Enclosed is a check for the | e 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) | | | |
| | ING ADDRESS: | STREET/COURIER | ADDRESS: | | | |
| Registration Section Division of Corporations | | Registration Section | | | | |
| P.O. Box 6327 | | Division of Corporations Clifton Building | | | | |
| Tallahassee, FL 32314 | | 2661 Executive Center | r Circle | | | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1 DA CONSTRUCTI | EON, LLC | |
|---|--|----------------------|
| (Name of the Limited Liability Company (A Florida Limited Lia | | |
| (A Fiorida Ellimed Ela | ionny Company) | |
| The Articles of Organization for this Limited Liability Company w | vere filed on 3/18/2005 | and assigned |
| Florida document number <u>L0500027571</u> | <u></u> | 15 9 |
| | Ĺ | |
| This amendment is submitted to amend the following: | | 三 三 |
| · | | 5 = 1 |
| A. If amending name, enter the new name of the limited liabili | ty company here: | |
| _ COBIA CONSTRUCTION, LL | .C | -0 |
| The new name must be distinguishable and end with the words "Limite" L.L.C." | d Liability Company," the designation "LI | Con the abbreviation |
| | | |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | 0 = 2 = 21=1 | |
| Enter new mailing address, if applicable: | P.O. Box 2451 | |
| (Mailing address MAY BE A POST OFFICE BOX) | BONITA SPRINGS, | FL 34133 |
| | | |
| | | |
| B. If amending the registered agent and/or registered offic | | e name of the new |
| registered agent and/or the new registered office address here: | | |
| No. of CNI Double Library | • | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addr | ess |
| | , Florida | |
| • | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | \ | |
| Therefore and the second second second | | |
| I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple | | |
| accept the obligations of my position as registered agent as pr | ovided for in Chapter 608, F.S. Or, i | f this document is |
| being filed to merely reflect a change in the registered office a | ddress, I hereby confirm that the lim | ited liability |
| company has been notified in writing of this change. | 1 | |
| If Chang | ing Registered Agent, Signature of New Reg | istered Agent |

Page 1 of 2

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** <u>Name</u> Address **Type of Action** Box 2451 MGR √Add Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ST CHANGING NAME OF ONSTRUCTION ONSTRUCTION Dated MAY 6, 2009 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00