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K.SALY EXAMINER OCT 23 2012

COVER LETTER

TO:

	on Section f Corporations	•				
SUBJECT:	THURMAN CO	ONSTRUCTION LLC				
, , , , , , , , , , , , , , , , , , ,		ted Liability Company				
		•				
The enclosed Artic	es of Amendment and fee(s) are sub	omitted for filing.				
Please return all co	rrespondence concerning this matter	to the following:				
		RONALD D DAVIS				
		Name of Person				
	GUSTASON &	DAVIS FINANCIAL SE	RVICES INC			
		Firm/Company				
1063 HWY 90						
		Address				
	CH	IPLEY, FLORIDA 32428	3			
		City/State and Zip Code				
	F-mail address:	rdchipley@aol.com to be used for future annual report	notification)			
For further informa	tion concerning this matter, please of	•	nouncationy			
TOT TATALET INTOTTHE	tion concerning this matter, prease of					
	RONALD D DAVIS	at (850)	638-5663			
	lame of Person	Area Code & Di	aytime Telephone Number			
Enclosed is a check	for the following amount:					
▼ \$25.00 Filing F	ee \$\int_\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	sed)		
· ·						
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/CO Registration S Division of C Clifton Build	orporations			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 -	FILED			
12 OCT 2	25	PH	, ,	

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THURMAN CONS	STRUCTION LLC	FALLANT TO	1. 11 (1) (1) (1) (1) (1) (1) (1) (1) (1)		
THURMAN CONS (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on Liability Company)	our recordsi) A A	SEE, FLORIDA		
The Articles of Organization for this Limited Liability Company		rch 22, 2005	_ and assigned		
Florida document numberL05000028510					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and end with the words "Limit"L.L.C."	ited Liability Company,"	the designation "LL	C" or the abbreviation		
Enter new principal offices address, if applicable:	1063 HWY 90	1063 HWY 90			
(Principal office address MUST BE A STREET ADDRESS)	CHIPLEY, FLOR	IDA 32428			
Enter new mailing address, if applicable:	1063 HWY 90				
(Mailing address MAY BE A POST OFFICE BOX)	CHIPLEY, FLORIDA 32428				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, <u>enter th</u>	e name of the new		
Name of New Registered Agent:					
New Registered Office Address:	Enter I	Florida street addre	ess		
		. 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** <u>Name</u> <u>Address</u> **Type of Action** MGR SANDY THURMAN 2805 CLAYTON ROAD ✓ Add BONIFAY FL 32425 Remove Remove Remove Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 18 2012 Dated Signature of a member or authorized representative of a member GARY B THURMAN JR Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00