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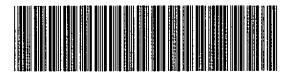
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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L. SELLERS

FEB -8 2010

EXAMINER

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COVER LETTER

10;	Division of Cor					
SUBJE	CCT:	Maximus	Demolition, LLC			
			ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please	return all correspon	ndence concerning this matter	to the following:			
			Dave Hill			
			Name of Person			
	Maximus Demolition, LLC					
			Firm/Company		_	
	11310 South Orange Blossom Trail					
			Address	<u> </u>		
	Orlando, Florida 32837					
City/State and Zip Code						
	-					
			to be used for future annual report r	notification)		
For furt	ther information co	ncerning this matter, please of	eall:			
		Dave Hill	at (321)	624-2170		
	Name of	Person		ytime Telephone Nun	nber	
Enclose	ed 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 enclo	Certifosed) Certif	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)	
MAILING ADDRESS:		STREET/COI	URIER ADDRESS	i:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maximus Demolit	on, LLC					
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
(A Florida Limited Liabilit	y Company)					
The Articles of Organization for this Limited Liability Company were	filed on	04/11/2005	and assigned			
Florida document numberL05000034810						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability c	ompany here:					
The new name must be distinguishable and end with the words "Limited Lis"L.L.C."	bility Company,"	the designation "LLC"	or the abbreviation			
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)						
			<u>-</u>			
-						
D. If amonding the registered court and/or registered affine		3441				
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	aaress on our r	ecords, enter the i	name of the new			
registered agent and/or the new registered office address here.						
Name of New Registered Agent:	-					
New Production Addition						
New Registered Office Address:	Enton E	lorida street addæss				
	Enter F	ioriaa sireei aab	· 🕳			
		Florida 58	<u> </u>			
City		E 3	ip Code			
New Registered Agent's Signature, if changing Registered Agent:		AR SSAR	· ~ =			
New Registered Agent's Signature, it thanking Registered Agent:		m≃				
There has account the same distance to a section of the section of			3 14			
I hereby accept the appointment as registered agent and agree to a the provisions of all statutes relative to the proper and complete pe	ict in this capaci	ity. I further agree	o comply with			
accept the obligations of my position as registered agent as provide						
being filed to merely reflect a change in the registered office addre	ss. I hereby con	firm that the limited	n www.umeni is I liahilitv			
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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	David Hill Sr.	3510 Seaman Avenue St. Cloud, Florida 34772	Add Remove
			AddRemove
			AddRemove
			Add Remove
		ter change(s) here: (Attach additional sheets, if nece	
 Dated	January 29,	2010	10 FEB
	Signature of	a member or authorized representative of a member Dave Hill Typed or printed name of signee	-2 PH 5:10 ASSEE FLORI
		Page 2 of 2	ÖM Ö >

Filing Fee: \$25.00