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D. BRUCE

MAR 26 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	TTH LONS Name of Limi	TRUCTION LLC ted Liability Company	,
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	PATRI	CK KEITH Name of Person	
	KEITH	ONSTRUCTION Firm/Company	
	108225	Address COURT	10 MAR.
	BELLEVS	TEW FL. 34420 City/State and Zip Code	TILED 10 MAR 25 PH 12: 34 LLAHASSEE, FLORID. COM COM COM COM COM COM COM CO
	Keitheonst E-mail address: (1	o be used for future annual report notifical	D.COM ORIDA
For further information of	concerning this matter, please c	all:	
PatrickK	iedh	at (352 229-6 Area Code & Daytime T	732
Name o	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for t	he 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)

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

Name of the Limited Liability Com	pany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa		
Florida document number <u>LD5DDD042D7</u> .9		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	10 TO	
(Principal office address MUST BE A STREET ADDRESS)		
	\$ 2 - 1 S	
	THE STATE OF THE S	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	34 3777	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
manage grant and the state of t	City Zip Code	
New Registered Agent's Signature, if changing Registered Age	nt:	

If Changing Registered Agent, Signature of New 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 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 Type of Action** Address Name Lornalne Keith Patrick Keith **√** Add Remove MGRM ☐ Add Remove Add ☐ Remove Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated March 4, 2010 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00