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SEORETARY OF STATE

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COVER LETTER

TO: • Registration Se ' Division of Cor		
SUBJECT:	Francworks LLC Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Russ Parris Name of Person	
	Russ Parris Name of Person Frameworks, LLC Firm/Company 1917 N. 19th Ac Address	
	1917 N. 19th Ac	
	City/State and Zip Code Cuss parris o cox wet E-mail address: (to be used for future annual report notification)	
For further information c	concerning this matter, please call:	
<i>Russ</i> Name o	Parris at (850) 576-7680 Area Code & Daytime Telephone Number	
Enclosed is a check for the	he following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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**

	EWORKS	, LLC	
(<u>Name of the Limited Li</u> (A Fl	ability Company as it morida Limited Liability C	w appears on our records.) ompany)	•
The Articles of Organization for this Limited Liab	ility Company were file	d on July 11, 2	005 and assigned
Florida document number <u>L 0 5 0 0 0 0</u>	<u>697</u> 88	,	
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liability com	pany here:	
PARRIS CONST	TRUCTION	COMPANY	LLC
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liabil	ity Company," the designatio	ก "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:		
Principal office address MUST BE A STREET	4DDRESS)		155 17
Enter new mailing address, if applicable:			SEERE LAY OF SEEE FE
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic	e address here:	——————————————————————————————————————	er the name of the new
Name of New Registered Agent:	Charles F	Spaina Street Enter Florida street	
New Registered Office Address:	30 South	Spainly Street	addraga
	Pensacola	Enter Florida street, Florida	37502
	City		zip Code
New Registered Agent's Signature, if changing Reg	istered 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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Senature of New Registered Agent

Page 1 of 2

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 = Ma	naging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Michelle Van Cump	Address President 97 Shoreline Dr Guff Breeze Fl 32561	Add Remove
MGRM	Lisa Parris	Pensacola, Ft 32501	Add Remove
			Add Remove
			Add Remove
			Add Remove
		<u> </u>	A de
D. If amendin	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary)	
		© 7 70 7	
_			-
Dated	January 5, 2010)-52.	
_	Signature of a member or	authorized representative of a member O. Parris printed pame of signes	
<u> </u>	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00