L05000078709

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EXAMINER



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COVER LETTER

Division of Co				
SUBJECT:	Black Oak	Construction, LLC.		
		ited Liability Company		
	f Amendment and fee(s) are sulpondence concerning this matter	-		
	3	3		
	James R. Muniz			
		Name of Person		
Black Oak Construction, LL				
		Firm/Company		
	11731 Grand Bay Blvd.			200 Si
	Address		· · · · · · · · · · · · · · · · · · ·	JU HIA
	Clermont, FL 34711			2009 MAY II PH 3: 45 SECRETARY OF STATE
	City/State and Zip Code			
jmuniz4@cfl.rr.com E-mail address: (to be used for future annual report notification)		fication)	PH 3	
For further information	concerning this matter, please of	-	ŕ	ATE RIDA
la	mes R. Muniz	252	636-9277	
Name of Person		at (352) Area Code & Daytim	ne Telephone Number	
•				
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed	d) Certified C	of Status &
	LING ADDRESS:	STREET/COURI Registration Section		

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**

Black Oak Const	ruction, LLC).		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appear bility Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company w	ere filed on	08/08/2005	and assig	ned
Florida document number <u>L05000078709</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Limited" L.L.C."	d Liability Compa	ny," the designation "l	LLC" or the abl	oreviation
Enter new principal offices address, if applicable:		,.,.,		<u></u>
(Principal office address MUST BE A STREET ADDRESS)			2009 SEC	
		·····	AFE MAY	<u></u>
Enter new mailing address, if applicable:			ARY CI	=
(Mailing address MAY BE A POST OFFICE BOX)			円 (7) 工	
	· · · · · · · · · · · · · · · · · · ·		3: 45	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on o	ur records, <u>enter (</u>	LI	the new
Name of New Registered Agent:				
New Registered Office Address:	<u> </u>			
	Enter Florida street address			
	C'A	, Florida	7: - C-1	
	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

<u>Title</u>	Name	Address	Type of Action
MGR	Jose A. Rodriguez	11731 Grand Bay Blvd. Clermont, FL 34711	☐ Add Remove
			Add Remove
			Add Remove
			2002 Nove TALLAHAS
			SECTION D
			Add Remove
D. If amend	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessa	
	May 1	2009	
Daivu	9		
	ν	ember or authorized representative of a member James R. Muniz	
	T	yped or printed name of signee	····································

Page 2 of 2

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