

9/30/2010

LD5000086960

7/2010 9:41 AM From: Contractors Reporting Services, Inc. To: 18561-01 Subject: 001 OF 00

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H10000215684 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I20050000099
Phone : (813)932-5244
Fax Number : (813)932-3782

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: billmoore@activatemylicense.com

RECEIVED 10 OCT -1 AM 9:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	LL AMND/RESTATE/CORRECT OR M/MG RESIGN	
	SEA ROCK CONSTRUCTION, LLC	
	Certificate of Status	1
	Certified Copy	0
	Page Count	04
	Estimated Charge	\$30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 OCT -1 AM 9:49



October 1, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations
CONTRACTORS REPORTING SERVICES

SUBJECT: SEA ROCK CONSTRUCTION, LLC
REF: L05000086960

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

Missing page (2) of the Amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H10000215684
Letter Number: 910A00023284

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

10 OCT -1 AM 9:48

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SEA ROCK CONSTRUCTION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/02/2005 and assigned
Florida document number L05000086960.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

14178 FENNSBURY DRIVE

(Principal office address **MUST BE A STREET ADDRESS**)

TAMPA, FLORIDA 33624

Enter new mailing address, if applicable:

NO CHANGE

(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ROBERT A. BULLUCK

New Registered Office Address:

14178 FENNSBURY DRIVE

Enter Florida street address

TAMPA

Florida

33624

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.

[Signature]
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DAYNA M BULLUCK SANTANA	6610 WEST LINEBAUGH AVE TAMPA, FL 33625	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated SEPTEMBER 30, 2010

Signature of a member or authorized representative of a member

ROBERT A BULLUCK

Typed or printed name of signee

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