# L050002/459

(Requestor's Name)				
(A	Address)			
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(A	Address)			
· (C	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			

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**EXAMINER** 

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2008 JUN 30 A II: 22 SECRETARY OF STATE TALLAHASSEE, FI RBIDA

FILED

## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT: DRAGON (OWSTRUCTION LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TANICE M GREENE

(Name of Person)

DRAGON CONSTRUCTION LLC

(Firm/Company)

GSOON ATZANTIC AUE STEEL

(Address)

CAPE CANAVERAL, FL 32 9370

(City/State and Zip Code)

For further information concerning this matter, please call:

TANKE GREENE

at 221, 799-9198

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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

imited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L0500121459</u> 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 LES or the abbreviation "L.L.C." 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) 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: New Registered Office Address: (Enter Florida street address) (City)

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 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
NGR	MICHAEL MILLER	GSOO N ATLANTIC AVE SUITE C CAPE CANAUERAL, KL 3	Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
	**************************************		Add Remove
		SECRETARY OF TALLAHASSEE, FI	
D. If an	nending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary)	
			_
Dated	62608	•	_
	_	er or authorized representative of a member	
	Турес	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00