L060000011500

(Req	uestor's Name)			
(Add	ress)			
. (Add	ress)			
(City	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



100137648151

11/18/08--01005--009 **25.00

08 NOV 18 AM II: 50

J. BRYAN

NOV 1 9 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Fak Construction, 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:	o 9
Jolie J. Davis (Name of Person) FAK Construction 110	8 NOV 18. AM.LL: 50
F&K Construction, LLC (Firm/Company)	1.5
10831 S PO Box 6 (Address)	O X
Cedar Key, FL 326 (City/State and Zip Code)	25
For further information concerning this matter, please call:	
Jolie Davis (Name of Person) at (352 262-2101 (Area Code & Daytime Telephone Number)	-
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\square\$\$\$\$30.00 Filing Fee & \$\square\$	tatus &
(additional copy is enclosed) Certified Copy (additional cop) MAILING ADDRESS: STREET/COURIER ADDRESS:	

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

(Name of the Limited Liab (A Flori	Construility Company as it	ction, LLC now appears on our records.) Company)	ORPORATION
The Articles of Organization for this Limited Liabilit	ty Company were fi	led on Feb 1,20	006 and assigned
Florida document numberLO 6000011			· ·
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability co	mpany here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		•	
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		dress on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			·
New Registered Office Address:			
	(Enter Florida street address)		
	, Florida		
	(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 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 = Mans MGRM = Ma	ager anaging Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM	Mary Kaim	10831 SW 65th Place Codar Key, FL 32625	Add Remove		
MGRM	Jolie Davis	P.D. Box 6 Cedar Key, Fl 32625	Add Remove		
MGR	Heath Davis	P.O. Box 6 Codar Key, FL 32625	Add Remove		
MERM	Gary L Crosby	10831 Sw 65th Place Codar Key, FC 32625	Add Kemove		
MERM	Jarrod Beckham	10831 SW 65th Place Cedar Key, FL 32625	Add Remove		
D. If amendi	ng any other information, enter change(:	s) here: (Attach additional sheets, if necessary.).	Add Remove		
			SECRETARY OF STATE BIVISION OF CORPORATIONS OR NOV 18 AM II: 50		
Dated M(N, 17, 2008) Signature of a member or authorized representative of a member Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00