

Ltd. 000028188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

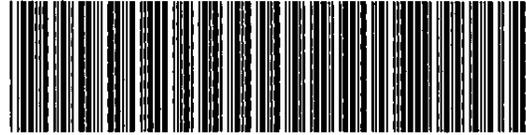
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G. MCLEOD

AUG 13 2012

EXAMINER



200238192772

08/08/12--01015--018 \*\*546.25

FILED  
12 AUG -8 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: A & D's Construction Services LTD CO**  
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:

Dean Fagon  
Name of Person  
A & D's Construction Services LTD Co  
Firm/Company  
920 SW 111 Ave  
Address  
Pembroke Pines Fl. 33025  
City/State and Zip Code  
adsconstserv@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dean Fagon at ( 954 ) 865-9208  
Name of Person 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**

A & D's Construction Services LTD Co

(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 3/16/2006 and assigned Florida document number L06000028188.

This amendment is submitted to amend the following:

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

ADD Construction Services LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

920 SW 111 Ave

Pembroke Pines

Florida 33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

920 SW 111 Ave

Pembroke Pines

Florida 33025

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12 AUG -8 AM 11:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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:

Dean Fagon

New Registered Office Address:

920 SW 111 Ave

*Enter Florida street address*

Pembroke Pines

Florida

33025

*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.*

Dean Fagon  
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>
VP	Andria Edwards-Fagon	920 SW 111 Ave Pembroke Pines FL 33025	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Delan Fagon	920 SW 111 Ave Pembroke Pines FL 33025	<input checked="" 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.)**

\_\_\_\_\_

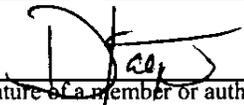
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_

  
 Signature of a member or authorized representative of a member

**Dean Fagon**

Typed or printed name of signee