## L0000046050

| (Requestor's Name)                        |
|---|
| (Address)                                 |
| (Address)                                 |
| (City/State/Zip/Phone #)                  |
| PICK-UP WAIT MAIL                         |
| (Business Entity Name)                    |
| (Document Number)                         |
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**EXAMINER** 

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FILED

SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

| Division of Corporations   |    |  |  |
|--|----|--|--|
| SUBJECT: 3 Rivers Lonstruction Services LLC  Name of Limited Liability Company   |    |  |  |
| Name of Limited Liability Company  |    |  |  |
| •  |    |  |  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  |    |  |  |
| Please feturn all correspondence concerning this matter to the following:  |    |  |  |
| . 4  |    |  |  |
| Curt D. McDonald Name of Person  |    |  |  |
| Name of Person   |    |  |  |
| 3 Rivers Construction Services LLC Firm/Company  |    |  |  |
| Firm/Company   |    |  |  |
| 6694 NW 31st Circle  |    |  |  |
| Address  |    |  |  |
| Jennings, Florida 32053 City/State and Zip Code  |    |  |  |
| · · · · · · · · · · · · · · · · · · ·  |    |  |  |
| 3 riverses @ windstream. net  E-mail address: (to be used for future annual report notification)   |    |  |  |
| For further information concerning this matter, please call:   |    |  |  |
|  |    |  |  |
| Curt D. McDonald at (386) 2.09-4214  Name of Person Area Code & Daytime Telephone Number   |    |  |  |
|  |    |  |  |
| Port of Programme Acade Control College Control Contro                                   |    |  |  |
| Enclosed is a check for the following amount:  |    |  |  |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \tex | d) |  |  |
|  |    |  |  |
| MAILING ADDRESS: STREET/COURIER ADDRESS:   |    |  |  |
| Registration Section Registration Section  |    |  |  |
| Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building  |    |  |  |
| Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301   |    |  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 3 Rivers Construction Services 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 <u>03 May 2006</u> and assigned Florida document number <u>L 06000046050</u> .  |  |  |  |
| This amendment is submitted to amend the following:   |  |  |  |
| 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 words "Limited Lia "L.L.C."   |  |  |  |
| Enter new principal offices address, if applicable:   | Jennings, Florida 32053  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   | Jennings, Florida 32053  |  |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office adress here:  | 6694 NW 31 <sup>st</sup> Circle  Sennings, Florida 32053  Idress on our records, enter the name of the new |  |  |
| Name of New Registered Agent: Curt D.   | Mc Donald  |  |  |
| New Registered Office Address: 6694 Nh  | 131st Circle   |  |  |
| Jenning_<br>City  | Enter Florida street address  Florida 3205   |  |  |
| New Registered Agent's Signature, if changing Registered Agent:   | TARY I   |  |  |
| I hereby accept the appointment as registered agent and agree to a the provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office address company has been notified in writing of this change. | erformance of my duties, and I am familiar with and ed for in Chapter 608, F.S. Or, if the document is     |  |  |

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 Title Name <u>Address</u> Type of Action MGRM McDonald, Earl Remove ☐ Add ☐ Remove \_\_\_ Add ☐ Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Curt D. McDonald
Typed or printed name of signee

Filing Fee: \$25.00