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J. BRYAN

JUN 15 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Doug Albert 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:
Fairly R. Good-Albert Name of Person
Doug Albert Construction, LC Firm/Company
Doug Albert Construction, LC Firm/Company B121 Shamrock Street Address Milton, FL 32570 City/State and Zip Code
City/State and Zip Code City/State and Zip Code City/State and Zip Code Accilc a hell south net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fath R. Good-Hibert at (89) 981-3275 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)} \$60.00 Filing Fee, Certified Copy \text{(additional copy is enclosed)}
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

Doug Albert Co	nStruction, LLC
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability C. Florida document number \(\begin{align*} \int \text{Dlo 6000 lo 130} \end{align*}.	npany were filed on 10/19/010 and signed
This amendment is submitted to amend the following:	
_	
A. If amending name, enter the new name of the limi	d liability company here:
The new name must be distinguishable and end with the wor "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	SSS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office add	
Name of New Registered Agent:	Un R. Good-Albert
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
SAME Person Wew Vame New Registered Agent's Signature, if changing Registered	•
I hereby accept the appointment as registered agent of	nd agree to act in this capacity. I further agree to comply with

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 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 Type of Action <u>Name</u> <u>Address</u> <u>Title</u> Edwin M. Ama MGRM 5421 Shamrock S Remove 121 Shamrock S Hon, FL 3257D MGRM Remove ∏Add ☐ Add Remove □Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00