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(Re	equestor's Name)			
(Ad	ldress)	,		
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificate:	Certificates of Status		
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SECRETARY OF STATE
AND AMASSEE, FLORIDA

N. Custigen JAH 18 2014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bid Busters 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:
Bid Busters Construction Firm/Company
695 Gladwin Ave
City/State and Zip Cod City/S
For further information concerning this matter, please call:
Name of Person at 30 3540-4684 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\frac{1}{2}\$5.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \text{ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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 ARTICLES OF ORGANIZATION **OF**

BId Busters Con	struction,	LSECRETARY OF STATE UR records. HASSEE, FLORIDA	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	oany as it now appears on o I Liability Company)	ur records. ASSEE, FLORIDA	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L DCOOLO</u>	ny were filed on <u>10-3</u>	3-2006 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," th	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Bo	X 30933 VV, FC 32)36	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		cords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enton Clo	wide street address	
	Enter Florida street address		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agen	t •		

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> **Name Address** Mer Michael Crowdl Add 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.) Dated . Signature of a member or authorized representative of a member yped or printed name of signee

Page 2 of 2

Filing Fee: \$25.00