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EXAMINER



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SEUKETARY OF STATE
ALLAHASSEF ELORIE

COVER LETTER

то:	Registration Se Division of Cor					
SUBJECT: Beauchamp-Thornton J.V., LLC						
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
<u> </u>			Blaik P. Ross			
		D	AT Construction, LLC Firm/Company			
			Title Company			
		2100 Po	nce De Leon Blvd., Suit	e 825		
			Address			
		Cora	4			
			City/State and Zip Code			
		E-mail address: (ss@beauchampco.com to be used for future annual report	notification)		
For fur	ther information co	oncerning this matter, please c		,		
		ura Crissey	at (_305_)	445-0819		
Name of Person			Area Code & Da	ytime Telephone Number		
Enclose	ed is a check for th	e following amount:				
∑ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)		
	Registra	ING ADDRESS: ation Section n of Corporations	STREET/CO Registration So Division of Co			
P.O. Box 6327 Tallahassee, FL 32314		ox 6327	Clifton Buildir			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limite	auchamp-Tho	ornton J.V., Ll	_C	
(Name of the Limite	A Florida Limited	Liability Company)	is on our records.	
The Articles of Organization for this Limited	Liability Company	were filed on	11/16/06	and assigned
Florida document number L0600011	<u> 11274 </u> .			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lial	oility company her	<u>·e</u> :	
	DAT Constru	iction, LLC		
The new name must be distinguishable and end w 'L.L.C."	vith the words "Lim	ited Liability Compa	nny," the designation	"LLC" or the abbreviati
Enter new principal offices address, if appli	icable:	N/A		
Principal office address MUST BE A STRE	ET ADDRESS)		·	<u> </u>
				AC C THE
Enter new mailing address, if applicable:		N/A	<u> </u>	TIS ASSEE
(Mailing address MAY BE A POST OFFICE	E BOX)			\$ 3 1 1
				STATE STATE
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter	the name of the ne
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		En	ter Florida street aa	ldress
			, 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 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>	Address	Type of Action
MGRM	Thornton Construction Company, Inc.	4300 Biscayne Blvd Miami, Florida 33137	Add Z Remove
MGR_	Thomas Thornton	4300 Biscayne Blvd Miami, Florida 33137	Add Remove
			Add Remove
			Add Remove
			□Add □Remove
			Add Remove
D. If amend	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	_
			<u>-</u> -
 Dated	October 12, 2	2010	
Dated		nber or authorized representative of a member	<u> </u>
	<u> </u>	n A. Thomas ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00