# L0-6000 117544

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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J. BRYAN

OCT 2 7 2008

EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2008

M CONSTRUCTION LLC 2920 PEBBLECREEK ST. MELBOURNE, FL 32935

SUBJECT: M CONSTRUCTION LLC

Ref. Number: L06000117544

SECRETARY OF STATE BIVISION OF CORPORATIONS

We have received your document for M CONSTRUCTION LLC and your check(s) totaling \$277.50. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #P06000123205, M. CONSTRUCTION INC..

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 908A00053395

Division of Comparations DO DOV 6297 Tallahaggas Florida 20214

## **COVER LETTER**

TO:	Registration Section
	Division of Cornerations

Diane Shelton

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John MASSARD					
(Name of Person)					
(Firm/Company)					
2920 Pebblecreck st.					
(Address)					
MELBOURNE FL 32935_					
(City/State and Zip Code)					

For further information concerning this matter, please call:

at (315) 254-7868

(Area Code & Daytime Telephone Number)

(Name of Person)

Enclosed is a check for the following amount:

\$30.00 Filing Fce & 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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L (A F	ability Company a orida Limited Liab	s it now appears on lity Company)	our records.)	<del></del>	
The Articles of Organization for this Limited Liab Florida document number		re filed on12	111 06	and assigned	
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the Cont Stauc T	10N of	MELBOU			
The new name must be distinguishable and end with the "L.L.C."	the words "Limited	Liability Company,"	the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicab	le:	2920 PE	BBLECRE	ek st	
(Principal office address MUST BE A STREET	ADDRESS)	MELBOUR	NE FL	32935	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	- <u>2X)</u> -				
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office e address here:	e address on our	records, enter	the name of the nev	
Name of New Registered Agent:	John	MASSARO			
New Registered Office Address:	2920	Pebblecraeti			
	(Enter Florida street address)  MEIBOURN, Florida 32935 (City) (Zip Code)				
	ME	BOVEN City	, Florida	3 2435 (7in Code)	
	•	~·· <i>y</i> /		(Lift 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)

MGR = Manager

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:

MGRM = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	John Massara	MELBOURNE PC 3293	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	.)
 			FILED FILED SECRETARY OF CORP.  DIVISION OF CORP.  OB OCT 27.) PM
Dated	CTOBER 22-1, 3	2008	PM 4: 15
		er or authorized representative of a member  MASSARO	- <u>-</u>

Page 2 of 2

Filing Fee: \$25.00