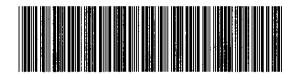
## L070000000230

| (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: |  |  |  |  |
| ·                                       |  |  |  |  |
|   |  |  |  |  |
| <b>,</b>                                |  |  |  |  |
|   |  |  |  |  |

Office Use Only



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SECRETARY OF STATE

C. LEWIS

NOV 1 0 2009

EXAMINER

## **COVER LETTER**

| TO: Registration S<br>Division of Co |  | •   | ¥   |  |  |
|--------------------------------------|--|---|---|--|--|
| % **                                 | JRF  | 3 Civil, LLC  |   |  |  |
| SUBJECT:                             |  | ited Liability Company  |   |  |  |
|                                      | f Amendment and fee(s) are sul             | <u>-</u>  |   |  |  |
| Please return all corresp            | ondence concerning this matter             | to the following:   |   |  |  |
|                                      | C  | Charles E. (JR) Ball, III   |   |  |  |
|                                      |  | Name of Person  |   |  |  |
|                                      | JRB Civil. LLC                             |   |   |  |  |
| Firm/Company                         |  |   |   |  |  |
|                                      | P.O. Box 1343                              |   |   |  |  |
|                                      |  | Address   |   |  |  |
|                                      | O  | viedo, FL 32762-1343  |   |  |  |
|                                      |  | City/State and Zip Code   |   |  |  |
|                                      | E-mail address: (                          | jr@jrbcivil.com<br>to be used for future annual report notific    | cation)   |  |  |
| For further information              | concerning this matter, please of          | call:   |   |  |  |
|                                      | es E. (JR) Ball, III                       |   | 721-5144  |  |  |
| Name                                 | of Person                                  | Area Code & Daytime   | : Telephone Number  |  |  |
| Enclosed is a check for              | the following amount:                      |   |   |  |  |
| \$25.00 Filing Fee                   | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |
|                                      | LING ADDRESS: tration Section              | STREET/COURIE Registration Section                                |   |  |  |
| Division of Corporations             |  | Division of Corpora   |   |  |  |

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

FILED

2009 NOV -9 PM 2: 14

|   | JRB Civil, LLC   | , m.o.                        | DETARY OF STATE        |
|---|--|-------------------------------|------------------------|
| ( <u>Name of the Limited Liabi</u><br>(A Florid   | JRB Civil, LLC  lity Company as it now appea la Limited Liability Company) | ALL                           | AHASSEE, FLURIUM       |
| The Articles of Organization for this Limited Liability Florida document number                     |  |                               | _ and assigned         |
| This amendment is submitted to amend the following  | :  |                               |                        |
| A. If amending name, enter the new name of the li   | imited liability company he  | <u>re</u> :                   |                        |
| The new name must be distinguishable and end with the v"L.L.C."                                     | words "Limited Liability Comp  | nany," the designation "LL    | C" or the abbreviation |
| Enter new principal offices address, if applicable:   |  |                               |                        |
| (Principal office address MUST BE A STREET AD   | DRESS)   |                               |                        |
|   |  |                               |                        |
| Enter new mailing address, if applicable:   |  |                               |                        |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |                               |                        |
|   |  |                               |                        |
| B. If amending the registered agent and/or regregistered agent and/or the new registered office and | gistered office address on ddress here;                                    | our records, <u>enter the</u> | name of the new        |
| Name of New Registered Agent:   |  |                               |                        |
| New Registered Office Address:  |  |                               |                        |
|   | Enter Florida street address   |                               |                        |
|   | Cia  | , Florida                     | 2: 0 1                 |
|   | 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       |
|--------------|--|---|----------------------|
| MGR          | Charles E. (JR) Ball, III              | 90 Forest Trail<br>Oviedo, FL 32765-6713                            | ✓ Add ☐ Remove       |
|              |  |   | Add<br>Remove        |
|              |  |   | Add<br>Remove        |
|              |  |   | Add Remove           |
|              |  |   | Add<br>Remove        |
|              |  |   | Add<br>Remove        |
| D. If amer   | nding any other information, enter cha | ange(s) here: (Attach additional sheets, if neces                   | sary.)               |
| _            |  |   |                      |
| Dated        | Lov 4, 2009                            |   | TALLAHASSEE, FI      |
|              | / C                                    | harles E. (JR) Ball, III ped or printed name of signee  Page 2 of 2 | TALLAHASSEE, FLORID, |
|              |  | Filing Fee: \$25.00   | 7                    |