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EXAMINER



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COVER LETTER

SUBJECT: 6/enda/c 2/C (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:
Rill JaviS (Name of Person)
Davis Constivction Company
311 Cristobal Ct,
311 Cristobal Ct, (Address) Tallahassec Fla. 32303 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Pyrson) at (850) 544-5114/ (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

FILED

ARTICLES OF AMENDMENT TO

08 AUG 26 AM 11: 24

ARTICLES OF ORGANIZATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 2/15/07 and assigned Florida document number 10700017409	
The Articles of Organization for this Limited Liability Company were filed on 2/15/07 and assigned Florida document number 207000017409	
Florida document number 2070 00017409	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:	
A. It amending name, enter the new name of the infinited nationly company nere.	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."	on
Enter new principal offices address, if applicable: 311 Cristobal Ct.	_
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Tallah 955cz, florid 32	303
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Tallahassee 11. 32303	
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:	<u>w</u>
Name of New Registered Agent: New Registered Office Address: 311 Cristobal C4,	
(Enter Florida street address)	03

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>	<u>Address</u>	Type of Action			
MGRM	Matt Monoffie	1531 Grape, St. Tallahassee, Fl. 32303	Add Remove			
marm	Kristy Davis	311 Oristobal Ct. Tallanassee, Fl. 32305	Add Remove			
m <u>grm</u>	Bill mattice	300 Summer brook Dr.	Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)						
I would like to amond to change						
-14	e principal place of	business to 311 Cristob	<u>a</u> l			
<u> </u>	· Tallahassee, Fl. 323	303, I would also like to				
$\underline{\mathcal{G}}_{\mathcal{C}}$	lange the mailing	address to 311 Cristobal				
<u>C</u>	t. Tallahossee, Fl. 32	303				
Dated Aug						
Signature of a member or authorized representative of a member						
Bill Davis						
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00