L07000018680

(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:					
AL'					

Office Use Only



900089233529

02/27/07--01005--006 **30.00

PILLED

2001 FEB 27 P 3: 38

SECRETARY OF STATE
ALLAHASSEE, FLORINA

COVER LETTER

Division of Corporations	
SUBJECT: CODA CONSTEUCTION SERVICES, 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:	
CARLOS ALFREDO DAIGORRIA (Name of Person)	
(Firm/Company)	
T_{A} .	~ .
9350 SW 137 AVE # 514 FEE	7007
MIAMI, PL, 33186	D T
MIAMI, PL, 33186 mix -	
$\Gamma_{\mathcal{O}}$	
For further information concerning this matter, please call:	
(Name of Person) (Area Code & Daytime Telephone Number)	88
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\$30.00 Filing Fee & \$\$55.00 Filing Fee & \$\$60.00 Filing Fee	
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} Certified Copy (add	is &
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 TO ARTICLES OF ORGANIZATION **OF**

	CODA	CONS	steuctio	N SERI	MCES.	TTC		
_	(Present Name) (A Florida Limited Liability Company)							
FIRST:	The Articles of document number	Organization ber <u>L 070</u>	were filed on FE	13,19,200 80	⊃ 7 _ and assig	ned		
SECOND:	This amendmen	nt is submitted	to amend the follo	wing:				
	70	DDD	CARLOS	VT F SE DO	BAIGOT	ZZIA	_	
	45	MGR	M					
				· · · · · · · · · · · · · · · · · · ·		200 SE(
					<u> </u>	RE72	_	
					305	827 RPY		
	 		 		<u></u>	9 0	m	
					- 02	S - ~ ~ .	O	
					DA	γ ω 8		
							_	
Dated _ +	eb zz,	2 <u>007</u>		_ •				
	D.							
	40	Signature of	a member or author	ized representative o	f a member	······································		
		Ì	ND					
		Hixys	Typed or printed	DUE				
			a y peu or printeu	name of Signee				

Filing Fee: \$25.00