## 107000037409

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D. BRUCE

MAR 17 2009

**EXAMINER** 

## **COVER LETTER**

SUBJECT: Keystone Contractors of SWFL, 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:
Chais Raff (Name of Person)
Keystone Centractors of SWFL, LLC (Firm/Company)
2390 Tamiani TR. N. Ste 102 (Address)
Naples, FL 34103  (City/State and Zip Code)  (City/State and Zip Code)
For further information concerning this matter, please call:
Chais Raw at (239) 821-5763 SE TO (Area Code & Daytime Telephone Number) ST ST
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section Division of Corporations

> 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

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 August 1, 2008 and assigned Florida document number 1000037409

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent:

New Registered Office Address:

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.

(City)

(Enter Florida street address)

(Zip Code)

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>	Name	Address Ty	pe of Action	
MGRM	Darren Keller		Add Remove	
M <u>GRM</u> J	Ryan Hurlbut	80 8th Ave. # 1402 10011 18	Add Remove	
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D. If amendi		change(s) here: (Attach additional sheets, if necessary.)  ALLAHASSEE, TARY OF STAFE  LORD  2009	FILED	
-	Chris Rapp	ember or authorized representative of a member		
-	<b>9 9</b> 7	Typed or printed name of signee	<del></del>	

Page 2 of 2

Filing Fee: \$25.00