L07000042322

(Re	questor's Name)	
(Ad	dress)	
hA)	dress)	
(
	101 1 121 121	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
, (==	,	
0 00 10 1	A 127 1	
Certified Copies	_ Centificates	of Status
Special Instructions to	Filing Officer:	
	•	

Office Use Only



800157823058

07/06/09--01010--013 **25.00

PILED WIT: 97

COVER LETTER

TO: Registration Division of C		***				
SUBJECT: Jon Himes Construction L.L.C.						
	Name of Lim	ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.				
Please return all corres	pondence concerning this matter	r to the following:				
		Jonathan R. Himes				
		Name of Person				
	Jon H	limes Construction L.L.C.				
	 	Firm/Company				
	321	Stratford Commons Court				
	<u> </u>	Address				
	_					
	De	eltona / Florida 32725 City/State and Zip Code				
	ion	athanhimessr@aol.com				
	E-mail address: (to be used for future annual report notific	cation)			
For further information	concerning this matter, please	call:				
Je	onathan Himes	at (386)	304-6157			
Name of Person		Area Code & Daytime				
		•				
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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Regi	LING ADDRESS: stration Section sion of Corporations	STREET/COURIE Registration Section Division of Corpora	I			

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

	Himes Cons			9.V. A
(Name of the Limited	l Liability Compa r A Florida Limited L	ny as it now appe iability Company	ars on our morns MAS	SEE FLORIDA
The Articles of Organization for this Limited L Florida document number 20-88052		were filed on	April 10th 2007	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company h	<u>ere</u> :	
	struction & Insp			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Com	pany," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable:		N/A	······································	
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and registered agent and/or the new registered o			our records, enter th	e name of the new
Name of New Registered Agent:	N/A	····		
New Registered Office Address:	N/A			
	Enter Florida street address , Florida			ess
		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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necess	sary.)
_			FE B T
_			-6 EFF
Dated	Carrotte of a manha	or or authorized representative of a member	STATE
		HIMES. d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00