## L07000049503

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SECRETARY OF STATE
AND ASSEE, FLORID

J. BRYAN

MAY - € 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	CT.	DONNELLY C	ONSTRUCTION, LLC	
SUBJE			ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.	<i></i>
Please	return all correspo	ndence concerning this matte	r to the following:	SECRET ALL ART
			JOHN P. DONNELLY  Name of Person	ARY OF ASSEE.
			LLY CONSTRUCTION, LLC	MAY -4 PH 1: 38 ECRETARY OF STATE LLAHASSEE. FLORIDA
			20 SW 7TH TERRACE	
			City/State and Zip Code  REJADE@AOL.COM  to be used for future annual report notifi	cation)
For fun	ther information co	oncerning this matter, please of	call:	·
<u>-</u>	JOH! Name of	N DONNELLY Person	at (_239 ) Area Code & Daytime	283-4323 Telephone Number
Enclose	ed is a check for th	e 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)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ation Section n of Corporations x 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DONNELLY CONSTRUCTI	ON, LLC.	2 7
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)	PH 1:38
(	F <b>3</b> /	SE V
The Articles of Organization for this Limited Liability Company were filed o	on 05/09/2007	and assigned
Florida document numberL0700049503		tr.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compar	ny here:	
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	······································	
(Principal office address MUST BE A STREET ADDRESS)		
·		<del></del>
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 registered agent and/or the new registered office address here:	s on our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
	T71\$ J -	

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

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 **Title** <u>Name</u> **Address** Type of Action **MGRM** MICHAEL DONNELLY 3520 SW 7TH TERRACE ✓ Add Remove CAPE CORAL, FL. 33991 ☐ Add ☐ Remove Add Remove Add Remove ∏Add Remove ∏Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 04/29/2011 Dated Signature of a member or authorized representative of a member JOHN P. DONNELLY

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Typed or printed name of signee

Filing Fee: \$25.00