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(Business Entity Name)	· . · ·	
- (Document Number)	٠	
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EXAMINER

NO \$

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## **COVER LETTER**

SUBJECT: Adams Forestry and Earthworks, LLC  (Name of Limited Liability Company)  The enclosed Articles of Amendment and fee(s) are submitted for filing.						
	James T Adams Jr					
(Name of Person)						
Adams Forestry and Earthworks, LLC						
(Firm/Company)						
390 NW Gadwaii Way						
		(Address)				
	Madison, FL, 32340					
		(City/State and Zip Code)				
For further information concerning this matter, please call:						
James T Adams Jr		at ( 229 ) 548-6949				
. (Name of	Person)	(Area Code & Daytime T	elephone Number)			
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)	Catificate of Status & Certificate Copy (additional copy is enclosed)			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations

TO:

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

	estry and Earthworks, LLC	
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liability (	and assigned	
Florida document number L07000055366	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Adams Earth & Waterworks, LLC		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the designa	
L.L.C.		<b>o</b> N
Enter new principal offices address, if applicable:		ma o
(Principal office address MUST BE A STREET ADD	RESS)	JAN I
		2 75
		<b>7</b>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		; AA
•		J ON:
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida str	eet address)
	·	•
	, Flori (City)	da(Zip Code)
	(Chy)	(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 = Manager

<u> Fitle</u>	Name	Address	Type of Action
<del></del>			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
<del> </del>			Add Remove
·			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
			<b>-</b>
Dated	January 7, 20	09	<b>.</b>
	1 /	r of authorized representative of a member  The days of the printed name of signed	

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Filing Fee: \$25.00