## L010000000985

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**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: MR/NO CONST L.L. (Name of Limited Liability Company)					
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Nicholas R. MAYING Sr. (Name of Person)					
MICK MAMKO COKIS LLC (Firm/Company)					
206 Rotoxda Blyd W.					
Rotorva West El. 33947 (City/State and Zip Gode)					
(-i-g/iii					
For further information concerning this matter, please call:					
Nucleof Person) at (941) 662-5602 (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}					
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Mailing Address Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314  Zefo1 Executive Center Circle Tallahassee, FL 32301					



May 20, 2008

NICHOLAS MARINO SR. 206 ROTONDA BLVD. N. ROTONDA WEST, FL 33947

SUBJECT: NICK MARINO CONSTRUCTION, LLC

Ref. Number: L07000060985

Per our phone conversation.

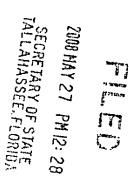
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 108A00031929



## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: N/CK MAPINO CONST. L. L. C.

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Micholas R MANNO Sr. (Name of Person)
(Firm/Company)
206 Rotorda Blyd N.
RotoNAS F1 33947
(City/State and Zip Code)

For further information concerning this matter, please call:

Wicholds R MATING Strat (94) 6/22- 5662
(Name of Person) (Area Code & Dayrime Tel phone Number)

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

OS60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy, is enclosed)

**MAJLING 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
Tallahassec, 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	# Lup / O Sand assigned
Florida document number # 1070000 60.985	

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 "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Nichalus R MANNO Sn
(Principal office address MUST BE A STREET ADDRESS)	206 POTONDA Block.
	AUGUNA WEGI TIGOTT
Enter new mailing address, if applicable:	Substas K HATTINO SA
(Mailing address MAY BE A POST OFFICE BOX)	RotuNdA West flagge
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	

New Registered Office Address:

(Enter Florida street address)!

(City)

Florida

(City)

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 familiate 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 MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
Mal	<u>Nicholes Ellaruo</u> 5 n	206 Rotouds Blue ite	Add Remove
<del></del>			_[] Add Remove 
			Add Remove
	,		Add Remove
	· -		Add Remove
			Add Remove
D. If ameading	g any other information, enter change(s	here: (Attach additional sheets, if necessary.)	
	-28-08.		2000 MAY 27 PM 12: 29 SECRETARY OF STATE TALL AHASSEE, FLORIDA
_	Signature of a member of	authorized representative of a murriber  MARINO S N  printed harne of signee	~ ~

Page 2 of 2

Filing Fee: \$25.00