## L07000044593

| (Requestor's Name)                        |             |
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| (Address)                                 |             |
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|   |             |
| (City/State/Zip/Phone #)                  |             |
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| (Business Entity Name)                    |             |
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| (Document Number)                         |             |
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| Certified Copies Certificates of Status _ | <del></del> |
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| Special Instructions to Filing Officer:   |             |
| Special management of image officer.      |             |
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DIVISION OF CORPORATIONS

O7 OCT -8 PM 3: 01

## **COVER LETTER**

| •                                 | C   | OVERLEITER  |  |
|-----------------------------------|---|---|--|
| TO: Registration<br>Division of C |   |   |  |
| SUBJECT:                          | Joe May                                   | LLC   |  |
|                                   | Joe May<br>(Name of Lin                   | mited Liability Company)  | <del></del>  |
| The enclosed Articles             | of Amendment and fee(s) are su            | bmitted for filing.   |  |
| Please return all corres          | spondence concerning this matte           | er to the following:  |  |
|                                   | Joe                                       | (Name of Person)  |  |
|                                   |   | (Name of Person)  | 0 N.G  |
|                                   |   | (Firm/Company)  | 7 OCT  |
|                                   | 9209 M                                    | lichigan Av.  | OF CORP  |
|                                   |   | E FL 346<br>City/State and Zip Code)                              |  |
| For further information           | n concerning this matter, please          | cali:   |  |
| . Jo                              | se May                                    | at ( 352 596 - (Area Code & Daytin                                | re Telephone Number)   |
| Enclosed is a check for the       | ne following amount:                      |   |  |
| \$25.00 Filing Fee                | S30.00 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) |
| MAI                               | LING ADDRESS:                             | STREET/COURI  | ER ADDRESS:  |

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

4 . .

|         | (A Florida Limited Liability Company)                                   |              |
|---------|---|--------------|
| FIRST:  | The Articles of Organization were filed on                              |              |
| SECOND: | This amendment is submitted to amend the following:  Article III        |              |
|         | change Building Contractor<br>to General Contractor                     |              |
|         |   | OT OCT -8 PM |
|         |   | PH 3: 01     |
| Dated   | 10/2/07   |              |
|         | Signature of a member or authorized representative of a member  Toe May |              |

Filing Fee: \$25.00