L07000068443

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08 MAR 14 AM II: 26 SECRETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EMERGE CONSTRUCTION SE	ERVICES,LLC
(Name of Lim	ited Liability Company)
The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.
Please return all correspondence concerning this matter	to the following:
SOLOMON CAMPBI	· · · · · · · · · · · · · · · · · · ·
	(Name of Person)
EMERGE CONSTRU	UCTION SERVICES
	(Firm/Company)
P O. BOX,680178	
	(Address)
ORLANDO,FLORID	A 32868
	(City/State and Zip Code)
For further information concerning this matter, please c	all:
SOLOMON CAMPBELL	at (407) 575-5139
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMERGE CONSTRUCTION SERVICES , L.C.

(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 Liabi	lity Company were filed on JUNE 28 ,2007	and assigned	
Florida document number <u>L07000068493</u>		-1 0	
This amendment is submitted to amend the following	ng:	08 MAR 14 SECRETARY	
A. If amending name, enter the new name of the	e limited liability company here:	mon = 131	
		MII:2	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," the designat	ion "LLE" of the abbreviation	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>en</u> address here:	ter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	(Enter Florida street address)		
_	, Florida		
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regination I hereby accept the appointment as registered as the provisions of all statutes relative to the propaccept the obligations of my position as register being filed to merely reflect a change in the reginal company has been notified in writing of this change in the sequence.	gent and agree to act in this capacity. I furthe er and complete performance of my duties, ar ed agent as provided for in Chapter 608, F.S. stered office address, I hereby confirm that th	nd I am familiar with and Or, if this document is	
	(If Changing Registered Agent, Signature of N	ew 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	<u>Address</u>	Type of Action
MGRM	ERICA GOWIE	5290 N.O B. T ORLANDO,FL.32810	Add Remove
		Add Remove	
		Add Remove	
		Add Remove	
		Add Remove	
		Add Remove	
D. If amendi ——	ing any other information, enter o	change(s) here: (Attach additional sheets, if nec	
			08 MAR SEPRET
			- C
			ARY OF AM
Dated MAR	(S)	2008 Amber of a uthorized representative of a member	NSS YAR

Page 2 of 2

Filing Fee: \$25.00