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J. BRYAN

MAR - 9 2009

EXAMINER

Registration Section

TO:

COVER LETTER

Division of Co	rporations			
SUBJECT:	Durcon C	onstruction, LLC		
SUBJECT.		ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Lisa Capote		
		Name of Person		
		L. Capote, PA		TO M
		Firm/Company		至 第二
	80 S	W 8th Street, Suite 2310		MAR -8 PH 3: 52 CRETARY OF STATE LAHASSEE, FLORIO
		Address		FF 3
		Miami, Florida 33130		PM 3: 52 SEE, FLORIE
		City/State and Zip Code		
	Ica E-mail address: (pote@capote-law.com to be used for future annual report notific	ation)	
For further information	concerning this matter, please o	all:		
	_isa Capote		68-1992	
Name	of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
5 25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	LING ADDRESS: tration Section	STREET/COURIE 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

Durcon Constr (Name of the Limited Liability Company (A Florida Limited Liability)	uction, LLC y as it now appears ability Company)	on our records.)			
The Articles of Organization for this Limited Liability Company	vere filed on	07/09/2007	and assigned		
Florida document number L07000070954					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	ity company here:				
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company	," the designation "LL	C" or the abbreviation		
Enter new principal offices address, if applicable:		Z.	s =		
(Principal office address MUST BE A STREET ADDRESS)		- A	S 3 -7		
		HA			
		S	RY &		
Enter new mailing address, if applicable:		Ĺų	유 꽃 [[
(Mailing address MAY BE A POST OFFICE BOX)		0	<u>ک</u> ش 🔿		
		0	5 N		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		r records, <u>enter th</u>	e 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 Registered Agent:					
Though good the manifestant as making at a second	_ a a t a&a_				

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

MGR = Manager

9549160751

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:

MGRM = Managing Member Title Address Type of Action Name MGRM Procuserve, Inc. 8880 NW 20 Street ☑ Add Remove Suite M Doral, Florida 33172 ☐ Add Remove □ Add □ Remove Add Remove ∐Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 25 Dated Signature of a member or anthorized representative of a member Georges Claude Lafontant

Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00