# L0700008293/

• (Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #	)
PICK-UP	<b>W</b> AIT	MAIL
(Busin	ess Entity Name)	
·	, ,	
(Docur	nent Number)	,
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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### **COVER LETTER**

	ration Section n of Corporations
SUBJECT:	Florbama Contractors
Scholer	(Name of Limited Liability Company)
.*	
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Martin Curdences
	(Name of Person)
	(Firm/Company)
	38 5 Blue angel PKuy Apt 182
	Pensa Cula, FL 3250) (City/State and Zip Code)
For further infor	mation concerning this matter, please call:
_Mart	-in Cardenas at (80) 221 - 2603 (Name of Person) (Area Code & Daytime Telephone Number)
	(Maine of Person) (Area Code & Daytime Personne Number)
/	
	k for the following amount:
\$25.00 Filing I	Fee \$\sqrt{\$30.00}\$ Filing Fee & \$\sqrt{\$55.00}\$ Filing Fee & \$\sqrt{\$60.00}\$ Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING 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 Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	Florbama Contractors, CC				
	(Present Name) (A Florida Limited Liability Company)				
	$\sim 1$				
FIRST:	The Articles of Organization were filed on $\frac{8/13/67}{4000000000000000000000000000000000000$				
SECOND:	This amendment is submitted to amend the following:				
	David Robertsm's name				
	David Rubertson's name  Should be Spelled David Robbers  David Robbers	500			
	David Robber	^50	n.		
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		7 00	SECK VISION		
•		07 001 25	ETA:		
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	·	AM 11: 31	STATE		
Dated	9/6, 2007.	3	ATIONS		
		_			
	Signature of a member or authorized representative of a member				
	Martin Cardenas  Typed or printed name of signee	-			
	r yped or printed name of signee				

Filing Fee: \$25.00