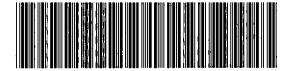
## 107000093143

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(Address)						
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SECRETARY OF STATEMENT AND SECRETARY OF SECRETARY OF

J. BRYAN

JUL 25 2011

**EXAMINER** 

## **COVER LETTER**

10:	Division of Co				
SUBJE	CT:	First Respons	se Construction, LL	.C	
		Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please r	eturn all correspo	ondence concerning this matte	r to the following:		
	Traci Ward  Name of Person				-
First Response Construction, LLC					_
5			Firm/Company		題言力
	5706 NW 99th Lane Address				
		JUL 22 PM 1:1			
		E-mail address: (	nm5723@yahoo.com to be used for future annual repo	ort notification)	
For furti	her information c	concerning this matter, please of	call:		
Traci Ward Name of Person		at ( 407 ) Area Code &	539-4422 Daytime Telephone Numbe	or	
Enclose	d is a check for t	he following amount:			
	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	nclosed) Certified	ate of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		Registration	Corporations		

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

First I	<u> Response C</u>	onstruction, L	LC	<u> </u>
(Name of the Limited	<u>Liability Compa</u> Florida Limited I	<u>ny as it now appears</u> Liability Company)	s on our records.)	
The Articles of Organization for this Limited L Florida document numberL07000093	iability Company			and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here	:	
The new name must be distinguishable and end with 'L.L.C."  Enter new principal offices address, if applic		ited Liability Compar		LC" or the abbreviation
Principal office address MUST BE A STREE	Coral Springs			
Trucipus office address MOST BE A STREE	1 ADDRESS)	Ocial Opinigo	, 1 2 00010	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		,	TILET SECRETARY OF
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered of <u>fice address her</u>	fice address on ou <u>e</u> :	ur records, <u>enter tl</u>	he make of the new
Name of New Registered Agent:				
New Registered Office Address:	5706 NW 99			<u>.</u>
				ress
	oral Springs	, Florida	33076	
		City		Zip Code

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 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

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name <u>Address</u> **Type of Action MGRM** Traci Ward 5706 NW 99th Lane ✓ Add Remove Coral Springs, FL 33076 ☐ Add ☐ Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 14 2011 Dated\_ Signature of a member or authorized representative of a member Traci Ward Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00