L07000098851

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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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A-Listed OBA name -sent fic. form

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05/06/11--01048--009 **30.00

COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	HARRISON	N BUILDERS, LLC				
30000011		ited Liability Company				
	f Amendment and fee(s) are sub condence concerning this matter	_	·			
		Wendy Sardina				
		Name of Person				
	Registered Agent Firm/Company					
	1	28 Summer Tree Ct.				
		1 Kuli OSS				
	P	onte Vedra, FL 32082 City/State and Zip Code	2			
	ws	sardina@comcast.ne	et			
	E-mail address: (to be used for future annual rep	ort notification)			
For further information	concerning this matter, please of	eall:				
w	endy Sardina	at (904)	328-0317			
Name of Person		Area Code &	Daytime Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Regis Divisi	LING ADDRESS: tration Section ion of Corporations Box 6327	Registration	Corporations			

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARRIS	SON BUILDERS, LLO	·				
(Name of the Limited Liabili	ity Company as it now appear a Limited Liability Company)	s on our records.)				
The Articles of Organization for this Limited Liability	Company were filed on	26 07 and assigned				
Florida document number 107006 988	<u>5</u> /	,				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	mited liability company her	;				
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Compar	ny," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	n//	g				
• • •	DECC)					
(Principal office address MUST BE A STREET ADL	<u> </u>					
		 				
Enter new mailing address, if applicable:						
•		, , , , , , , , , , , , , , , , , , ,				
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or regi	istered office address on o	ur records, enter the name of the new				
registered agent and/or the new registered office ad		<u> </u>				
	./					
Name of New Registered Agent:	NA					
New Registered Office Address:	New Registered Office Address: Enter Florida street address					
	Littl					
	City	, Florida Zip Code				
	City	Lip 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, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGRM	WENDY S. SA	RDINA	128 Summer Tree Ct. Ponte Vedra Beach, FL 32082	Add Remove
				Add Remove
				Add Remove
				Add Remove
		.		□Add □Remove
				Add Remove
D. If amend	ing any other inform	ation, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
				- -
 Dated	5/4/11	,	·	_
	Si	gnature of a member	or authorized representative of a member	
			arrison Sardina	
•		Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00