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SECRETARY OF STATE

T. CLINE

**EXAMINER** 

MAR 25 2008

## **COVER LETTER**

TO: Registration Sect Division of Corpo	
SUBJECT:	N+5 Construction LLC*
	(Name of Limited Liability Company)
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	lence concerning this matter to the following:
	Jacqueline O'SULLIVAW (Name of Person)
	N+5 Construction LLC
	(Firm/Company)
	6397 Kylie Creek Way (Address)
	(Address)
	Sarasoba FL 34240
	(City/State and Zip Code)
	cerning this matter, please call:  ARE O'SULLIVAW at QUI 366 GO66 XEET ARE THE STATE TO STATE
Jacquelin	Person) Area Code & Daytime Telephone Number)
(Name of	Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the	following amount:
\$25.00 Filing Fee [	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

	Construction, LLC	
(Name of the Limited L (A F	iability Company as it now appears on our re forida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liab		ー <del>クラ</del> and assigned
Florida document number LO700117	<u>562</u>	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with a "L.L.C."	the words "Limited Liability Company," the de	signation "DEC or Babbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our record ce address here:	ν <sub>ν</sub> ν ν γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ
Name of New Registered Agent:		1: 15 STATE LORIDA
New Registered Office Address:		
	(Enter Florid	a street address)
		Florida
	· (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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title** Name **Address** NIGEL O'SULLIVAN MGRH Shane Sovan Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) S Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00