(Requestor's Name)	
(Add-max)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	



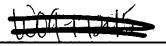
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L. SELLERS

APR 2 3 2009

EXAMINER



Office Use Only

COVER LETTER

Division of Corp	orations				
SUBJECT: PRIORI	TY HURRICANE P			ر انورود	
	(Name of Lim	ited Liability Company)			
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	STEVEN J. KELLY				
		(Name of Person)			
	PRIORITY HURRICANE	BROTECTION I I C			
	THORITTHORNOANE	(Firm/Company)			
	125 BELLAMY CIRCLE				
		(Address)			
	PORT ST. JOE FL. 3245	6			
		(City/State and Zip Code)			
For further information co	ncerning this matter, please c	all:			
OTENER LIZELIN		950 900 0039			
STEVEN J. KELLY (Name of	Person)	at (850-) 899-0028 (Area Code & Daytime To	elephone Number)	_	
(* ===== 2	,	(, , , , , , , , , , , , , , , , , , ,	,		
	•				
Enclosed is a check for the	_				
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	☐\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of S Certificate Opy (additional cop	Status &	sed)

MAILING ADDRESS:

Registration Section

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



April 13, 2009

STEVEN J. KELLY 125 BELLAMY CIRCLE PORT ST JOE, FL 34256

SUBJECT: PRIORITY HURRICANE PROTECTION L.L.C.

Ref. Number: L08000022597

We have received your document for PRIORITY HURRICANE PROTECTION L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 309A00012350

Leslie Sellers Regulatory Specialist II

Division of Comparations D.O. DOV 6997 M-11-1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited		ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number <u>L8000022597</u>			:d
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
KELLY CONTRACTING LLC			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Company," the designation "LLC" or the abbre	viation
Enter new principal offices address, if applicable:		125 BELLAMY CIRCLE	
(Principal office address MUST BE A STREET ADDRESS)		PORT ST JOE, FL 32456	
		405 DELL ANN GIDGLE	
Enter new mailing address, if applicable:		125 BELLAMY CIRCLE	
(Mailing address MAY BE A POST OFFICE BOX)		PORT ST JOE, FL 32456	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	STEVEN J KE	Y CIRCLE (Enter Florida street address) Of AH	ne new
	PORT ST JOE		

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 far in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address thereby confirm that the limited liability company has been notified in writing of this change.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

(En Codes

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

<u>itle</u>	<u>Name</u>	Address	Type of Action
GR	SUZY A. KELLY	125 BELLAMY CIRCLE PORT ST. JOE, FL. 32456	Add Remove
			Add Remove
			Add Remove
······································			Add Remove
			Add Remove
			Add Remove
. If ame	nding any other information, ente	r change(s) here: (Attach additional sheets, if n	ecessary.)
_			· ·
- -	1/14/2- 04 0	. 1	O9 APR SECRET
ated	4/14/2009, 8)gnature of a	mephoer or authorized representative of a member	PR 21 AH 8 AHASSEE FLO
		/ / M (/)	, , , , , , , , , , , , , , , , , , ,

Page 2 of 2

Filing Fee: \$25.00