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SECRETARY OF STATE
TALLAHASSEE FLORINA

T. HAMPTON

MAY 2 7 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ronmar Construction LCC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ronald C. Montgomery (Name of Person)
Ronmar Construction UC
2015 Shannon Lailes ct-
KISSIMMER 21 34743 (City/State and Zip Code)
For further information concerning this matter, please call:
Ronald Montgomery at (407) 744-3362 (Name of Person) at (407) 744-3362 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

Ronnia	ir (onstr	iction	UC		
(Name of the Limited L (A F	iability Company as it lorida Limited Liability	now appears of Company)	ı our records.)		
The Articles of Organization for this Limited Lial Florida document number <u>LOSOCOO</u>		filed on <u>3 ~</u>	19-08	and assign	ied
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability co	ompany here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Lia	bility Company,	' the designation "	LLC" or the abb	reviation
Enter new principal offices address, if applical	ble:			<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)				CSETA LLAHA!	
Enter new mailing address, if applicable:				23 PN RY OF S SSEE, FL	Ξ η 3 —
(Mailing address MAY BE A POST OFFICE B	<u>ox</u>)			2: 38	
B. If amending the registered agent and/or registered agent and/or the new registered offi		ddress on our	records, enter	the name of t	<u>he new</u>
Name of New Registered Agent:	Ronal	d Mo	Magame	ry	
New Registered Office Address:	2015 Sh	<u>annon</u> (Enter	Florida street ad	Idress)	
	KISSIMI (Cit		, Florida	34742 (Zip Code)	3
New Registered Agent's Signature, if changing Re	•	<i>Y)</i>		(Lip Code)	

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:

سنتر

MGR = Manager

MGRM = Managing Member **Type of Action** Title **Address** Name Ronald Montgomery M6R ____ Add Remove ☐ Add Remove 🗂 Add T Remove ☐ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, Dated Signature of a member or authorized representative of a member 10ntalome ru Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00