08000042761

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

Office Use Only



600128493566

05/05/08--01040--020 **25.00

08 HAY -5 PM 4: 08

J. BRYAN

MAY - 6 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: CON	ISTRUCTIONS AL	ITHOUTY & ited Liability Company)	4 CENT	RAL FI	DRIDA, LLS
	f Amendment and fce(s) are sub	•			
	LYNDA	(Name of Person) Authority (Firm/Company) 6 H Steel (Address)	OF CEX		RIDA, LLC
LYNDA	concerning this matter, please of Person)	call: at (850 - Zu ie & Daytime Telep	OO / hone Number)	SECRETARY OF STATE OF CORPORATIONS OF HAY -5 PM 4: 08
Enclosed is a check for \$25.00 Filing Fee	the following amount: \$\int_\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy i]\$60.00 Filing Fe Certificate of S Certified Copy (additional cop	Status &

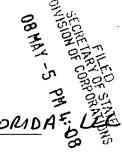
MAILING ADDRESS:

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 AUTHORITY OF CENTRAL FLORIDAS

(Arn	ability Company as it now appea orida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liab	ility Company were filed on	4/29/08 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company he	<u>re</u> :
The new name must be distinguishable and end with the L.L.C."	he words "Limited Liability Comp	any," the designation "LLC" or the abbreviation
		our records, enter the name of the ne
B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent:		our records, enter the name of the ne
registered agent and/or the new registered offic	e address here:	our records, enter the name of the ne
registered agent and/or the new registered offic Name of New Registered Agent:	e address here:	

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 = M	anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	DAUIDELINDEMAN	639 REGINA CIRCLE DALLAND, FL 34787	Add Remove
HER	ANTONY J NELLYEN	5508 CREVE HYRTLE CIPE OVIEOD, FL 32765	Add Remove
Pres	DAVID E LINDEMAN	639 REGINA CIRCLE DAKLAND, FL 34787	AddRemove
U. PRES	ANTONY J NGUYEN	5508 CREPE MYETLE CIRC OVIEDU, FL 32765	Add Remove
	<u> </u>		Add Remove
	<u> </u>		Add Remove
D. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
			SECRETARY DIVISION OF CO
Dated	april 30 200 Lenda	Dubois	OF STATE STA
	LYN	or authorized representative of a member JOA DUBOIS r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00