L08000059026

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J. BRYAN

SEP - 3 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor		·	
suriecr: Hannib	al's Contracting Ser	vices, LLC	D
oodate:		ited Liability Company)	_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Joshua O. Martinez	Oleman of Borrows	
,		(Name of Person)	
	Hannibal's Contracting S	Services	o ?
		(Firm/Company)	8 ST
	7801 Point Meadows Dr.	. Unit 5202	P
		(Address)	OB SEP -2 PH 3: 28
	laska a dila El 20050		THE OWNER
	Jacksonville, FL. 32256	(City/State and Zip Code)	3: Aftor
			9 7
For further information of	oncerning this matter, please of	eall:	
Isaiah A. Bullock		at (770) 314 6580	
(Name	of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF Hannibal's Contracting Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on June 16, 2008 and assigned Florida document number L08000059026 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address) (City)

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR`	Sheila S Thompson	7801 Point Meadows Dr. Unit 5202 Jacksonville, FL 32256	Add Remove
MMGR_	Isaiah A. Bullock	1620 NW 133rd St. Miami, FL 33167	Add Remove
			Add Remove
D. If amendia	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			FILED STATE OF STATE OF STATE OF CORPORATE OF CORPORATE OF STATE OF CORPORATE OF STATE OF STA
Dated August 2	all Wat		IONS
	/	or authorized representative of a member	
_	Joshua O. Martinez	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00