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SECULIARY OF STATE

M. THOMAS

DEC - 5 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	(Name of Ligh	ted Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence concerning this matter to the following:			trans ()	
	Deb	bie Rodriguez		t
		e Construction Sola (Firm/Company)	fions LCC	
				ero.
	<i>W</i>	(Address) inter Park Page 32 (City/State and Zip Code)	789	PILL SECURITY SECURITY
	oncerning this matter, please c	ail:		PILED PICED OF STATE
Debbi (Name)	e Rodriguez	at (<u>407</u>) 628 - 9 (Area Code & Daytime 7	7448 Telephone Number)	हिता ज
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 Fe Certificate of S Certified Copy (additional cop	Statuk

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

	as LLC		
(Name of the Limited Liability Company (A Florida Limited Liability	y as it now appears on our r ability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company vi Florida document number	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
Comprehensive Construction The new name must be distinguishable and end with the words "Limite	Solutions L	CC	
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," the de	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	2323 Lee	Road	
(Principal office address MUST BE A STREET ADDRESS)	2323 Lee Winter Pag	rk Pa 32089	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2373 Lea Winter Park	Road Bo I I	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		ds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:		,	
	(Enter Florida street address)		
	(City)	Florida(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 **Title** <u>Name</u> **Address Type of Action** Mark A Lang

Debbie M. Rodriguez MGRM ☐ Add Remove MGAM Add Rem 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00