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SECKETARY OF STATE STATE SECKETARY OF CORPORATIONS

J. BRYAN

FEB - 5 2009

EXAMINER

COVER LETTER

suвјест: Admar	Contract Group, LLO	Cited Liability Company)		Ð
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Danny T. McArdle			
		(Name of Person)		
		BIVISION OF CO		
	6510 Lake Suzzanne Co	urt		田紹
	<u>.</u>	- CAN		
	Panama City, Fl 32404			CHETARY OF SIAITONS ON OF CORPORATIONS FEB -4 AM II: 31
		(City/State and Zip Code)		1: 3
For further information of	concerning this matter, please c	all:		- is
Danny T. McArdle		at (850) 303-2726		
	of Person)		me Telephone Number)	_
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fe Certificate of \$	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Admar Contract Group, LLC

, Admin Contract Croup, LLC				75
(<u>Name of the Limite</u>)	d Liability Compa A Florida Limited I	ny as it now : Liability Com	appears on our records.)	至别
				signed
The Articles of Organization for this Limited I	iability Company	were filed o	n <u>09/09/08</u> and as	signed
Florida document number L08000085677	•			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited ligh	ility compa	ny hara•	
A. If amending name, enter the new name of	or the minted hab	mty compa	iy nere.	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability	Company," the designation "LLC" or the	abbreviation
L.L.C.				
Enter new principal offices address, if applicable:		6510 Lake Suzzanne Court		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	Panama (City, FI 32404	<u> </u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and			s on our records, enter the name	of the nev
registered agent and/or the new registered of	ffice address her	<u>e</u> :		
	Daniel T MaA			
Name of New Registered Agent:	Danny T. McArdle			
New Registered Office Address: 6510 Lake Suzzanne Court				
			(Enter Florida street address)	
	Panama City		, Florida <u>32404</u>	
		(City)	(Zip Cod	de)
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>	<u>Address</u>	Type of Action
MĠRM	Danny T. McArdle	6510 Lake Suzzanne Court Panama City, Fl 32404	Add Remove
MGR	Mark C. Easdon-Loving	6510 Lake Suzzanne Court Panama City, Fl 32404	Add Remove
MGRM	Adam D. Siler	2337 Saint AndrewsBlvd Panama City, Fl 32405	Add Remove
MGRM_	Adam Siler	2337 Saint AndrewsBlvd Panama City, Fl 32405	Add Remove
	N/A		Add Remove
	N/A		Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessa	ry.)
Dated Janua	ary 19 , 2	009 .	SECRETARY OF STATE SIVISION OF CORPORATIONS O9 FEB -4 AM II: 31
		ember or authorized representative of a member or McAvdle yped or printed name of signee	

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Filing Fee: \$25.00

