

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	JS <u>:</u>
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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION:

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SOUTH EAST COMMERCIAL CONTRACTORS LLC
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:
Southeast Counseller Contentoes LLC
Name of Felson
Firm/Company
207 150th Atenue
Address
Madeira Beach, Fl 33708 City/State and Zip Code
City/State and Zip Code
Junet · Valente a tumpulan · r r . Com Lemail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (727) 399-3680 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{S25.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section Division of Corporations Registration Section Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF



Zip Code

SOUTH EAST COMMERCY	AL CONTRACTORS LLC
(Name of the Limited Liability Compar (A Florida Limited L	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on OCTOBER 30, 2008 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Liner Prorum Street andress

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.

City

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_	Elder Bishop Mosley	2870 NE Hogan Rd E-411 Gresham, Oregon 87030	Add Remove
			Add Remove
			Add Remove
			Add Remove
			∏Add Remove
	·		Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	_
			_
		:	
Dated	09-22-2009 Signature of a men	Clustic nber or authorized representative of a member	
	Tv	Janet L Valente	

Page 2 of 2

Filing Fee: \$25.00