

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Fax Number : (850)617-6383

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**Enter the email address for this business entity to be used for 🚍 annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EGL CONSTRUCTION LLC

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D. BRUCE

NOV 13 2009

EXAMINER

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Corporate Filing Menu

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11/11/2009

Cathy Boyd's Ins.

407 Hwy 17-92 W Haines City FL 33844

fax confidential

To:

florida deaprtment of state

Fax Number:

+1 (850) 6176383

From:

YOELDA ESTRADA

Fax Number:

863-419-1920

Business Phone:

863-419-1919

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4

Date/Time:

11/11/2009 4:42:27 PM

Subject:

O9 NOV 12 MM 9: 47
SECRETARY OF STATE
PALLAHASSEE, F, STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EGL Constru	ction LLC			
(Name of the Limited Ligbility Compan (A Florida Limited Li	y as It now appears on our rability Company)	ecords.)	-	
The Articles of Organization for this Limited Liability Company value of Organization for the Organization for	were filed on	0/09 and	assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the d	esignation "LLC" or t	the abbreviation	
Enter new principal offices address, if applicable:		A 3	8 7	
(Principal office address MUST BE A STREET ADDRESS)		AS		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		E. FLORIDA	£7;6 ₩ O	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ds, enter the num	e of the new	
Name of New Registered Agent:			_	
New Registered Office Address:				
	Enter Florida street address			
MARTINE NAME OF THE PERSON OF		Florida	<u></u>	
	City	Zip C	:ode	
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 = Mana MGRM - Ma	ager anaging Member		
<u>Title</u>	Name	Address	Type of Action
<u>M G R</u> M	Edgar G Murillo	100 5 Lake Lowery Rd Haines City FI 3384	Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary,	·
			09 NOV
		A9	ARY ARY
Dated	Signature of a member of Mario 5 Mario 17	or authorized representative of a member	AM 9: 4.7
,	Mario 5 Murio	or printed name of signee	

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Filing Fee: \$25.00