## L08000117935

(Requestor's Nan	ne)
(Address)	
, ,	
(Address)	
(Address)	
(City/State/Zip/Ph	ione #)
PICK-UP WAIT	MAIL
(Business Entity	Name)
(Edsiness Enaty	ivaine).
(Document Numb	per)
Certified Copies Certific	ates of Status
Special Instructions to Filing Officer:	i
	+

Office Use Only



200157027702

DE/17/09--01011--001 \*\*25.00



C. LEWIS

JUN 1 8 2009

EXAMINER

## **COVER LETTER**

	n of Corpo			
SUBJECT:		BooneDocks	s Construction LLC	
SUBJECT		Name of Limi	ted Liability Company	
		mendment and fee(s) are sub	_	
riease return an	correspond	lence concerning this matter	to the following.	
			Jerry Fredeking	······································
			Name of Person	
BoonneDocks Construction LLC				
			Firm/Company	
P.O. Box 20506 Address				
			Addiess	
		Pana	ma City Beach, FL 32417 City/State and Zip Code	· 
		ł	odcilcfl@yahoo.com to be used for future annual report no	
		E-mail address: (	to be used for future annual report no	tification)
For further info	rmation cor	cerning this matter, please o	eall:	
	Jerry Name of I	Fredeking	at ( 850 )	260-6784 ime Telephone Number
	Name of 1	erson	Area Code & Dayt	me reseptione Number
Enclosed is a ch	neck for the	following amount:		
\$25.00 Filin	g 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 &  ed) Certified Copy (additional copy is enclosed)
	Registrat	G ADDRESS: ion Section of Corporations	STREET/COU Registration Sec Division of Corp	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 JUN 17 PM 2: 04

Boon (Name of the Limited L (A F	eDocks Co iability Compai lorida Limited L	enstruction LLC ny as it now appears ( Liability Company)	SECRET. On our r <del>ddblals</del> AHA	ARY OF STATE SSEE.FLORIDA
The Articles of Organization for this Limited Lia Florida document numberL080001179		were filed on	cember 31, 200	8 and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
	N/A	-		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company	," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	3926 Verona C	ircle		
(Principal office address MUST BE A STREET ADDRESS)		Panama City, F	L 32405	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered offi			r records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	Jerry Fredeking			
New Registered Office Address: 3926 Verona Circle				
		Enter	Florida street add	ress
		anama City	, Florida	32405
		City		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Clay Guthrie	3922 Verona Circle Panama City, FL 32405	Add Remove
<u>MGRM</u>	Johnny Ray Mercer	6903 North Lagoon Drive #52 Panama City Beach, FL 32408	Add Remove
<del></del>			Add Remove
			Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
D. If amend	ing any other information, enter ch	ange(s) here: (Attach additional sheets, if necessar	y.) ——
  Dated			
	Signature of a men	nber or authorized representative of a member	TALLAHASSE
	Ту	Jerry Fredeking ped or printed name of signee Page 2 of 2 Filing Fee: \$25.00	LED 17 PH 2: 01 ARY OF STATE ASSEE, FLORIE