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T. CLINE

JUL 21 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Y & A ENT.CONSTRUCTION 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:

REYNALDO GRINSTEIN

Name of Person

ARMOR INSURANCE AGENCY

Firm/Company

2631 A JAMMES RD

Address

JACKSONVILLE, FLORIDA 32210

City/State and Zip Code

ALOPOCHO@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REYNALDO GRINSTEIN

Name of Person

at (904)

779-2777

Area Code & Daytime Telephone Number

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Enclosed is a check for the 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 Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

Y & A ENT.CONSTRUCTION LLC

Page 1 of 2

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:

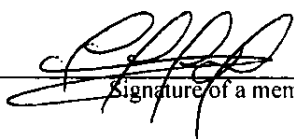
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BETANCOURT, GABRIEL	5226 SIDESADDLE DR JACKSONVILLE, FL 32257	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ROMAN, ALEX	5226 SIDESADDLE DR JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JULY 16, 2009



Signature of a member or authorized representative of a member

YAVE DONAIRE

Typed or printed name of signee