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Special Instructions to	Filing Officer:	}
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T. CLINE

JUL 2 1 2009

**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJE	·CT·	Y & A ENT.C	ONSTRUCTION LL	.c	
30032		***	ited Liability Company	-	
The end	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	oondence concerning this matte	r to the following:		
		RI	EYNALDO GRINSTEIN	<u> </u>	
			Name of Person		
		ARMO	OR INSURANCE AGE	NCY	
			Firm/Company		
			2631 A JAMMES RD		
			Address		
		JACKS	SONVILLE,FLORIDA 3	2210	7.0 23
			City/State and Zip Code,		SECOND
		AL E-mail address: (	OPOCHO@AOL.COM to be used for future annual repo	rt notification)	AND IN
For fur	ther information	concerning this matter, please	. ·	,	TARY TARY
		ooneening unit matter, preuse t			2009 JUL 20 AM II: 18 SECRETARY OF STATE FALLAHASSEE, FLORID
		ALDO GRINSTEIN	at (_904_)	779-2777	98 ·
	Name	of Person	Area Code & I	Daytime Telephone Number	
Enclose	ed is a check for	the following amount:			
<b>\$25</b> .	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	e of Status &
	Regisi Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314	Registration Division of C	Corporations ling iver ive Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CONSTRUCTION L		<u>_</u>	
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appear imited Liability Company)	's on our records.)		
The Articles of Organization for this Limited Liability Co Florida document number	ompany were filed on	02/03/2009	and assigne	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company her	<u>e</u> :		
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Compa	ny," the designation "	LLC" or the abbre	
Enter new principal offices address, if applicable:	<del></del>		李州 宣	
(Principal office address MUST BE A STREET ADDRE	ESS)		AS 20	**************************************
			Y OF STI	
Enter new mailing address, if applicable:			<u> - 존취 - <b>a</b> -</u>	
(Mailing address MAY BE A POST OFFICE BOX)			<b>&gt;</b>	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	red office address on o	ur records, <u>enter</u>	the name of th	e new
Name of New Registered Agent:				
New Registered Office Address:	P	ou Florida 1	J	
	Enter Florida street address			
	City	, Florida	Zip Code	
	Cuy		zip Coae	

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 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>	Name	Address	Type of Action
MGR	BETANCOURT,GABR	IEL 5226 SIDESADDLE DR JACKSONVILLE, EL 32257	Add  Remove
MGR	ROMAN,ALEX	5226 SIDESADDLE DR JACKSONVILLE FL 32257	✓ Add ☐ Remove
D. If amend	ling any other information, en	er change(s) here: (Attach additional sheets, if ne	Add Remove    Add Remove   ALL AH   SEC REMOVE   AND REMOVE   Add Remo
Dated	JULY 16		
	Rignyture	a member or authorized representative of a member  YAVE DONAIRE  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00