

LD90000011464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

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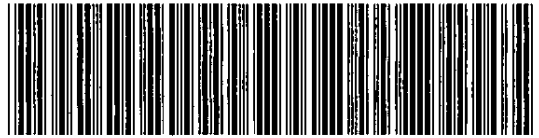
Special Instructions to Filing Officer:

L. SELLERS

JUL 30 2009

EXAMINER

Office Use Only



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07/29/09--01014--005 **25.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

09 JUL 29 PM 2:06

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TAVA CONSTRUCTION GROUP L.L.C
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:

ROIVERNON ADAMS

Name of Person

TAVA CONSTRUCTION GROUP L.L.C

Firm/Company

3520 LAKEWOOD DRIVE

Address

TALLAHASSEE, FLORIDA 32305

City/State and Zip Code

vadams77@comcast.net or latosha.adams@famu.edu

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

For further information concerning this matter, please call:

LATOSHA ADAMS

Name of Person

at (**850**) **528-3642**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TAVA CONSTRUCTION L.L.C

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/3/09 and assigned
Florida document number L09000011464.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TAVA CONSTRUCTION GROUP L.L.C

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3520 LAKEWOOD DRIVE

TALLAHASSEE, FLORIDA

32305

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SAME (ROIVERNON ADAMS)

New Registered Office Address:

SAME (3359 ZILLAH STREET)

Enter Florida street address

SAME(TALLAHASSEE)

, Florida

City

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

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SECRETARY OF STATE

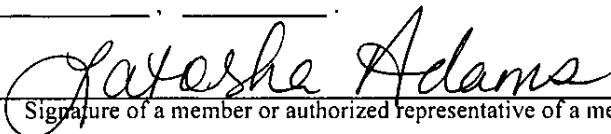
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	SAME		<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____


Signature of a member or authorized representative of a member

LATOSHA ADAMS
Typed or printed name of signee

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TALLAHASSEE FLORIDA