## L0900017606

(Requestor's Name)				
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(City) Citator Liph Hono Hy				
PICK-UP WAIT MAIL				
. (Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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A. LUNT

SEP 11 2009

**EXAMINER** 

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SECRETARY OF STATE

## **COVER LETTER**

Division of Co			
SUBJECT:	CLAUNCH CO	ONSTRUCTION, LLC	
		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		DAVID CLAUNCH Name of Person	· · · · · · · · · · · · · · · · · · ·
		Name of Person	
		Firm/Company	
		PO BOX 2427 Address	2009 ( SECF
		,	SEP I
	<b>E</b>	BRANDON, FL 33509 City/State and Zip Code	
	E-mail address: (	claunch@rocketmail.com to be used for future annual report notific	PILED  2009 SEP 10 PH 1: 43  SECRE DARY OF STATE FLORIDA  TALLIAHASSEE. FLORIDA
For further information	concerning this matter, please of	call:	> C
	/ID CLAUNCH	at ( <b>813</b> ) 6	899.2002
Name	oi Person	Area Code & Dayume	Tereprone Number
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)	S60.00 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**

CLAUNCH CONS (Name of the Limited Liability Compa (A Florida Limited I	TRUCTION, LLC  ny as it now appears on our reco  Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company  Florida document numberL0900017606	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
CUTTIN' IT C			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the desig	nation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		7200 200 SE	
(Principal office address MUST BE A STREET ADDRESS)		SE T	
		ASS	
Enter new mailing address, if applicable:	PO BOX 2427	PA PEE.FLO	
(Mailing address MAY BE A POST OFFICE BOX)	BRANDON, FL 33509	RAIL	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		enter the name of the new	
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

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 = Ma MGRM = N	nager Aanaging Member		
Title	<u>Name</u>	Address	Type of Action
			Add Remove
<del></del>			Add Remove
			Add Remove
American			Add Remove
		HASSE E	Add S T Remove
		ORIDA	Add
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa	Remove
			<del></del>
Dated	SEPTEMBER 7 , 20	009	
		or authorized representative of a member	
	Type	AVID M CLAUNCH	

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Filing Fee: \$25.00