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SECRETARY OF STATE

J. BRYAN
JAN-2 0 2009

EXAMINER

COVER LETTER

	stration Section of Corpor				
SUBJEÇT:			struction Services, LLC	<u> </u>	
		endment and fee(s) are sub	_		
			Kevin E. Jackson Name of Person		
	-	K. Jackso	on Construction Services, L	LC	
		10172 159th Ct. N. Address		10 JAN SECRE	
			Jupiter, FL 33478 City/State and Zip Code		10 JAN 19 PH 4: 20 SECRETARY OF STATE SECRETARY OF STATE FALLAHASSEE. FLORIDI
For forther in	- Fammatian agna	kev E-mail address: (erning this matter, please o	in@kjacksonconst.com to be used for future annual report noti	fication)	4: 20 STATE FLORIDA
		Jackson	_{at (} 561 ₎	743-4900 ne Telephone Number	
Enclosed is a	check for the f	ollowing amount:			
₹2 5.00 Fil	ing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified (of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K. Jackso	on Construction Service	es, LLC	
(Name of the Limited) (A	Liability Company as it now apper Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Lia		March 24, 2009	and assigned
Florida document number L0900028	820		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company h	ere:	•
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		FR CT
			AN 19 RETIAR AHASS
Enter new mailing address, if applicable:			HA R
(Mailing address MAY BE A POST OFFICE L	<u> </u>		F. 02. 7
			20 R
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addre	
	1		
	City	, Florida	Zip Code
N			

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	= Manager 1 = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			TANGE T
			SANDER OF WITH E
			Add Remove
D. If a	mending any other information, enter change Julie E. Jackson - Company percenta	(s) here: (Attach additional sheets, if necessary.) ge to be increased from 50% to 51%.	
		age to be decreased from 30% to 29%.	*****
	(NOTE: Kenneth W. Jackson percent Michael John Harstad percentage sha		
			-
Dated _	January 12 , 201	or authorized representative of a member	
	Kevin	. Jackson, President or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00