## L09000030413

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(City/	State/Zip/Phone	<del>e</del> #)
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SECRETARY OF STATE

T. HAMPTON

APR 2 3 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Black Bear Tasur American Vehicle Insur. Co. (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:
Wancy Mendez (Name of Person)  HNM Construction LLC (Firm/Company)
185 Jay Dy (Address)  Altany unter Soxings F/ 32.7/4  (City/State and Zip Code)
For further information concerning this matter, please call:
Nancy Spender at (321) 422-8179 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS:  Registration Section  Division of Corporations  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations

P.O. Box 6327
Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NSTRUCTION LLC				
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appe Limited Liability Company	ars on our records.)			
The Articles of Organization for this Limited Liability (	Company were filed on	03/30/2009	and assig	ned	
Florida document numberL09000030413	·····••				
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the lim</u>	nited liability company h	ere:			
The new name must be distinguishable and end with the wo	ords "Limited Liability Com	pany," the designation "LL	.C" or the ab	breviation	
Enter new principal offices address, if applicable:			09	S	
(Principal office address MUST BE A STREET ADD	RESS)		AP X	SICR	
			$-\hat{\tilde{z}}$	유로	
Enter new mailing address, if applicable:			PH	ORPOR ST	
(Mailing address MAY BE A POST OFFICE BOX)	<u>,</u>		<u>.</u>	ATIONS	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter th</u>	e name of	the new	
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida street addr	ress)		
	. Florida				
	(City)	, FWIRE	(Zip Code)	)	

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

1

MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** MGR NANCY MENDEZ 185 JAY DRIVE, ALTAMONTE SPRINGS, FL = 7 Add Remove Remove Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated APRIL 16,2009 Signature of a member or authorized representative of a member **NANCY MENDEZ** 

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00