

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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	ocument Number)			
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G. MCLEOD

DEC 14 2011

EXAMINER



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12/13/11--01008--004 **25.00

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SECRETARY OF STATE
AHASSEF, FLORIDA

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	remporary Con pame of Limi	struction pand Room	fingle.
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	() -=
	K	with Welfstein	
	Contempo	Name of Person Tay Onstruction of Firm/Company	Rosting (1)
	14780	Address	
		City/State and Zip Code	<u>2225</u>
	E-mail address: (i	builder a gmail.	Committion)
For further information	concerning this matter, please c	all:	
Keith Name	Wettstein of Person	at (904) 535- Area Code & Daytime 1	8854 Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records,
	1 1
The Articles of Organization for this Limited Liability Company were filed on	0 4/0 3/2009 and assigned
Florida document number <u>L 09000032570</u> .	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :
The new name must be distinguishable and end with the words "Limited Liability Compa"L.L.C."	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	ALC:
(Principal office address MUST BE A STREET ADDRESS)	AA B 。
	SS: 3
, 	mg R. M
Enter new mailing address, if applicable:	- Fs - C
(Mailing address MAY BE A POST OFFICE BOX)	N 52
	>
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
Now Pagistavad Office Address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

Zip Code

Page 1 of 2

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 Name Address</u>

Title	Name	Address	Type of Action
MG RM	William Henry Saeger	2621 Herrickld. Jacksonville, Fl. 32	Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
manusch afferen der			-
	1		-
Dated	12/12 2011	(M)	
	Chales Keff	authorized representative of a member	

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Filing Fee: \$25.00