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TALLAHASSEE, FLORID

T. CLINE

MAR 2 1 2011

EXAMINER

## **COVER LETTER**

TO: Regis	stration Section ion of Corporations		
SUBJECT: _	BO RODRIGUEZ CONSTRUCTION, LLC		
	Name of Limited Liability Company		
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.		
Please return a	Il correspondence concerning this matter to the following:		
	ROBERT T. RODRIGUEZ		
	Name of Person		
	Firm/Company		
	224 SKUNK VALLEY RD		
	Address	<b>=</b> 4	
	PANAMA CITY, FL 32409	ZOII) SECF	
City/State and Zip Code		ARR AR	
	BoRodriguezConstruction@comcast.net  E-mail address: (to be used for future annual report notification)	18 SSE	
For further info	ormation concerning this matter, please call:	AM C OF SI E. FLC	ILE D
F	ROBERT T. RODRIGUEZ at ( 850 ) 596-4148	PATE ATE	
	Name of Person Area Code & Daytime Telephone Number	· ·	
Enclosed is a c	heck for the following amount:		
<b>✓ \$25.00</b> Filii	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy	of Status &	

### **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

BO RODRIGUEZ CC	NSTRUCTIO	N, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on	04/07/2009	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Compa	ny," the designation "I	LC" on the abbrev	iation ·
Enter new principal offices address, if applicable:			오취 建	
(Principal office address MUST BE A STREET ADDRESS)			TAR ASS	
			EO Y	— —
Enter new mailing address, if applicable:			F STATE	0
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		<b>D</b>	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here.		our records, <u>enter t</u>	he name of the	new
Name of New Registered Agent:			1,1,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2	_
New Registered Office Address:	En	ter Florida street add	ress	
	City	, Florida	Zip Code	<del></del>

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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MIG RM	ROBERTO RODRIGUEZ	2932B HARRISON AVE PANAMA CITY, FL 32405	Add ☐ Remove
			Add Remove
			Add
			Remove
<del></del>			K dd Cl
			ARYAdd A
		STATE Add	
D. 16			Remove
D. If amendi	ng any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
			_
	· · · · · · · · · · · · · · · · · · ·		<del></del>
Dated	FEBRUARY 15 , 2	011	
_		and authorized company of the state of the s	
	· ·	er or authorized representative of a member	
-	ROB Type	ERT T. RODRIGUEZ d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00