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(Re	equestor's Name)			
(Ad	ddress)			
(Ad	ddress)			
(Ci	ity/State/Zip/Phone #)			
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SECRETARY OF STATE

J. BRYAN
APR 2 1 2009
EXAMINER

COVER LETTER

TO:

Registration Section

. Division of Cor	porations			
SUBJECT: ACTIO	N DEVELOPMENT &	& CONSTRUCTION, LLC	#	
SUBJECT:		ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		·		
	THOMAS C. LITTLE, ES			
		(Name of Person)		
	THOMAS C. LITTLE, P.A	٨.		
	FILED O9 APR 20 PH 4: 20 SECRETARSEE. FLORID TALLAHASSEE.			
	2123 N.E. COACHMAN ROAD, SUITE A			
		(Address)	- SSE IN	
	CLEARWATER, FL 337	65	mg Z O	
		(City/State and Zip Code)		
			DA CO	
For further information of	concerning this matter, please c	all:		
THOMAS C. LITTLE		at (727) 443-5773		
• (Name	of Person)	(Area Code & Daytime Te	lephone Number)	
Enclosed is a check for the	_			
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	WG ADDDGG		ADDRESS	
MAILING ADDRESS: Registration Section		STREET/COURIER Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporation Clifton Building		
Tallah	assee, FL 32314	2661 Executive Center Tallahassee, FL 32301	Circle	

·ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ACTION DEVELOPMENT & CONSTRUCTION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

he Articles of Organization for this Limited Liability Company were filed on APRIL 8, 2009 and assigned				
Florida document number L09000034140				
This amendment is submitted to amend the following:		1		
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the design	ation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	1418 STONEHENGE WAY			
(Principal office address MUST BE A STREET ADDRESS)	PALM HARBOR, FL 34683			
Enter new mailing address, if applicable:	1418 STONEHENGE WAY			
(Mailing address MAY BE A POST OFFICE BOX)	PALM HARBOR, FL 34683			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the nev		
-		······································		
New Registered Office Address:	(Enter Florida street address)			
		rida		
	(City)	(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:

MGR = Ma MGRM = N	nager Nanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	,		Add Remove
			Add Remove
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	y.)
——————————————————————————————————————	L 16 . 2009		FILED 09 APR 20 PM 4: 20 SECRETARY OF STATE TALL HASSEE. FLORIO,
Dated AFK	(Inthous Cor	er or authorized representative of a member) 1/4: 20 1/ATE 1/ORIDA
	ANTHONY CONA, MG		

Page 2 of 2

Filing Fee: \$25.00