

LD9000044397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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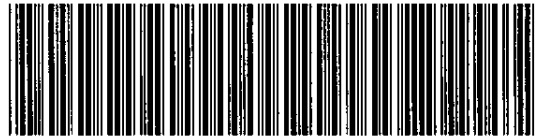
(Business Entity Name)

(Document Number)

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09 AUG 10 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Orlan AUG 11 2009

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Alpha and Omega Contractors of NW FL. LLC**  
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:

**Helen Nicole Moncada Urbina**

Name of Person

**Alpha and Omega Contractors of NW FL. LLC**

Firm/Company

**P O Box 9176**

Address

**Miramar Beach Florida 32550**

City/State and Zip Code

**caddy4ras@aol.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Joanne A Sassano**

Name of Person

at ( **850** )

**424-5378**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**FILED**

**09 AUG 10 PM 12:10**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

Alpha and Omega Contractors of NW FL. LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 6 2009 and assigned Florida document number L09000044397.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

Joanne A Sassano

121 E Shipwreck Rd

Santa Rosa Beach Florida 32459

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

P O Box 9176

Miramar Beach Florida 32550

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

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 = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Joanne A Sassano	121 E Shipwreck Rd Santa Rosa Beach Florida 32459	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Irma Judith Urbina	121 E Shipwreck Rd Santa Rosa Beach Florida 32459	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated Aug.7, 2009

Signature of a member or authorized representative of a member

Joanne A Sassano

Typed or printed name of signee

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