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SECRETARY OF SILLAHASSEF, FIG.

D. BRUCE

MAR 0 7 2012

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: TWH Construction 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: |
| Lisa A. Hinthorn Name of Person |
| JWH Construction, LLC Firm/Company |
| 146 Fox Run Cir, Address |
| Crausfordville FL. 33337 City/State and Zip Code billhinthorn Dembaramal. Com E-mail address: (to be used for future annual refort notification) |
| For further information concerning this matter, please call: |
| Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$60.00 Filing Fee, \text{Certified to Status & Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$45.00 Filing Fee, \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ |

MAILING ADDRESS:

u.H.

TO:

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 (A Florida | y Company as it now appear | C, s on our records.) | |
|--|------------------------------|--|--|
| The Articles of Organization for this Limited Liability (Florida document number <u>L090005118</u> | Company were filed on | _ | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lim | ited liability company her | ∷ . | |
| The new name must be distinguishable and end with the wo "L.L.C." | rds "Limited Liability Compa | ny," the designation "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | RESS) | \[\frac{2}{\sigma} \] | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | ASSEE, FLORIDA | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | ur records, enter the name of the new | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Ent | er 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 **Type of Action** Title Address <u>Name</u> Lisa A. Hinthorn ☐ Add Remove ☐ Add Remove Add 🗌 Remove Add Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00