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SIVISION OF CORPORATIONS

T. HAMPTON

JAN 2 2 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ACCOLADE CONSTRUCTION CONTAINY, 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:
ROBERTO RICHARDS  Name of Person
ACCOLADE CONSTRUCTION COMPLANY, LLC
3900 PETABROKE RD, SVITE A
HOLLY WOOD , FL 33021 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 237 - 2825 × 1007  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} &
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 Com (A Florida Limite	pany as it now appears on ou ed Liability Company)	r records.)			
The Articles of Organization for this Limited Liability Company were filed on					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	iability company here:				
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company," the	designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:		<u> </u>			
(Principal office address MUST BE A STREET ADDRESS)	)	SEC 71810			
		JAN DAN			
T		21 FOOD			
Enter new mailing address, if applicable:	<del></del>	TO SOLUTION OF THE PROPERTY OF			
(Mailing address MAY BE A POST OFFICE BOX)	·	RATIE 5.5			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ords, enter the name of the new			
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 = Mana MGRM = Ma	ager anaging Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>ngr</u>	ED KOPET MAN	3900 PEMBROKE RD, SVITE A HOLLYWADD, FL 33021	Add Remove
			Add Remove
<del> </del>			Add Remove
			Add Remove
		-	Add Remove
<del></del>			Add Remove
		nange(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE SIVISION OF CORPORATIONS 10 JAN 21 PM 1:52
- -	Signature of a me ROBERTO RICH	mber or authorized representative of a member  ALDS MGA	· · · · · · · · · · · · · · · · · · ·

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Filing Fee: \$25.00