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| (                    | Business Entity I  | Name)            |
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**S. HAWKES**NOV - 6 2009

**EXAMINER** 

## **COVER LETTER**

| Division of Co            | orporations                                |  |  |  |
|---------------------------|--|--|--|--|
| SUBJECT:                  | Dillon Cor                                 | nstruction L.L.C.  |  |  |
| SUBJECT.                  |  | ted Liability Company  |  |  |
|                           |  |  |  |  |
| The enclosed Articles o   | of Amendment and fee(s) are sub            | omitted for filing.  |  |  |
| Please return all corresp | oondence concerning this matter            | to the following.  |  |  |
|                           |  | Thomas Dillon  |  |  |
|                           |  | Name of Person   |  |  |
|                           | Dill                                       | Dillon Construction L.L.C.   |  |  |
|                           |  | Firm/Company   |  |  |
|                           | 132  | 13209 Companion Circle S.  |  |  |
|                           |  | Address  |  |  |
|                           | Ja   | Jacksonville FL. 32224   |  |  |
|                           |  | City/State and Zip Code  |  |  |
|                           | F-mail address: (t                         | tdillon007@yahoo.com  E-mail address: (to be used for future annual report notification) |  |  |
| For further information   | concerning this matter, please c           |  | Anneal (or)  |  |
| For further information   | concerning this matter, piease e           | att.   |  |  |
|                           | homas Dillon                               | at (_904_)   | 545-1766<br>time Telephone Number  |  |
| Name                      | of Person                                  | Area Code & Day  | time Telephone Number  |  |
| Enclosed is a check for   | the following amount:                      |  |  |  |
| \$25.00 Filing Fee        | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                        | S60.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed) |  |
|                           |  |  |  |  |

MAILING ADDRESS:

TQ:

Registration Section •

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

| Di  | Ilon Construction L.L.C.   |   |
|---|--|---|
| ( <u>Name of the Limited</u> )<br>(A  | Liability Company as it now appear<br>Florida Limited Liability Company) | rs on our records.)                             |
| The Articles of Organization for this Limited Lia Florida document number               | ability Company were filed on  | , , ,   |
| This amendment is submitted to amend the follo  | wing:  |   |
| A. If amending name, enter the new name of  | the limited liability company her  | SIATE ON BE                                     |
| The new name must be distinguishable and end with "L.L.C."                              | the words "Limited Liability Compa                                       | nny," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applica   | ble:   |   |
| (Principal office address MUST BE <u>A STREE</u> )                                      | TADDRESS)  |   |
|   |  |   |
| Enter new mailing address, if applicable:   |  |   |
| (Mailing address MAY BE A POST OFFICE E   | <u></u>  |   |
|   |  |   |
| B. If amending the registered agent and/oregistered agent and/or the new registered off |  | our records, enter the name of the nev          |
| Name of New Registered Agent:   |  |   |
| New Registered Office Address:  | En   | ter Florida street address                      |
|   | 227.   |   |
|   | City   | , Florida<br>Zip Code                           |
|   |  | <u>-</u> 4                                      |

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 Title <u>Name</u> **Address** Type of Action Tara L Dillon MGRM 13209 Companion Circle S. Jacksonville Ft. 32224 ∇ Remove Tara L Dillon MGR 13209 Companion Circle S. ✓ Add Jacksonville FL 32224 Remove MGR Thomas Dillon 13209 Companion Circle S. Jacksonville FL 32224 \_ Remove Thomas Dillon MGRM 13209 Companion Circle S. Jacksonville Ft. 32224 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Thomas Dillon has 100% ownership of Dillon Construction L.L.C. until time of death or incapacitation. In the event of death or incapacitation, Tara L. Dillon would assume 100% ownership. November 1 2009 Dated \_\_\_ Signature of a member or authorized representative of a member Thomas Dillon Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00