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SECRETARY OF STATE
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J. BRYAN

AUG 28 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT: Yvoni	ne J Humberston	Construction Manage	ement LLC	
		ited Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are sul	bmitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Yvonne Humberston			
		Name of Person		
	YvonneJ Humber	rston Construction Mana	gement, LLC	
	Firm/Company			
	2626 McIntosh Rd			
		Address		SECT SECT
	Sa	arasota, Florida 34233		AFFA
		City/State and Zip Code		SSEA
	F-mail address (onneh2009@live.com to be used for future annual report r	notification)	mg B
For further information con-	·	·	iounony	O9 AUG 27 AM 11: 34 SECRETARY OF STATE TALLAHASSEE, FLORID
Yvonne	Humberston	at (941)	961-8749	, 172
Name of Po	erson		ytime Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certified	te of Status &
Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive	rporations g	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yvonne J Humberst	ton Construction Man	nagement, LLC	产品 一个
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appear ida Limited Liability Company)	ers on our records.)	强多一
The Articles of Organization for this Limited Liability Florida document number	ty Company were filed on	8/14/2009	Son assisted
This amendment is submitted to amend the following	 g:		LORIDE
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	3		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ei	nter Florida street add	tress
	· · · · · · · · · · · · · · · · · · ·	, 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 **Title** Name **Address Type of Action** Robert J Humberston **MGRM** 6904 Manatee Ave West apt 10C **☑** Add Remove Bradenton, Florida 34209 ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ronne of Humbarston Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00