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2011 OCT 1:9 PM 2: 2

C. LEWIS OCT 2 0 2011 EXAMINER

COVER LETTER

	stration Section ion of Corpor		³ 6.	**	14.	Çı.	A. Carrier	
SUBJECT:	d ·	",	BuShe	a, LLC				
_		Name of	Limited Li	iability Comp	any	•		
The enclosed	Articles of Am	endment and fee(s) a	re submitte	d for filing.				
Please return a	ill corresponde	nce concerning this n	natter to the	e following:				
			Da	vid B. BuS	hea			
,	_		-	Name of Perso	on			
			В	uShea, LL	.C			
	_			Firm/Compan	у			
	_		2740 I	Misty Oaks	s Circle			
		·		Address		,		
	_	F		lm Beach,				
			•	/State and Zip				
	-	E-mail addr	davidbu	shea@gr	nail.com	ification)		
For further info	ormation conce	erning this matter, ple	,					
*****		3. BuShea		_at (_561)		628-96		_
	Name of Per	son		Area	a Code & Daytii	me Telepho	ne Number	
Enclosed is a cl	heck for the fo	llowing amount:						
\$25.00 Filin	ng Fee	\$30.00 Filing Fee & Certificate of State		\$55.00 Filing Certified Co (additional c			660.00 Filing Fe Certificate of S Certified Copy (additional cop	tatus &

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

2011 OCT 19 PM 2: 2A

BuShea Eng (Name of the Limited Lia (A Plo	gineering & Consulta bility Company as it now app rida Limited Liability Company	ears on our records. AHASSEE. FLORIDA	
The Articles of Organization for this Limited Liabil	ity Company were filed on _	August 20, 2009 and assigned	
Florida document numberL0900080334	4		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company l	nere:	
	BuShea, LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Con	npany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable)• •		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Q		
B. If amending the registered agent and/or registered agent and/or the new registered office:		our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<u></u>		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Regist	tered 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 = M MGRM =	anager Managing Member		
<u> Title</u>	Name	Address	Type of Action
			—
			□ Demove
			
). If amen	ding any other information, ent	er change(s) here: (Attach additional sheets, if	
_			ZOLLOCT 1:9 P SECRETARY C TALLAHASSEE
 Pated	October 14	, <u>2011</u> .	OCT 19 PH 2: 28 CRETARY OF STATE CAHASSEE, FLORIDA
	Signature of	a member or authorized representative of a member	-
		David B. BuShea	
	,	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00