L09000082662

(Requestor's Name)
· (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000197232460

03/11/11--01040--009 **30.00

11 MAR | PM | La

T. HAMPTON
MAR 14 2011
EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: B2 CONSTRUCTION & CONSULTING SEVICES, 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:
Name of Person
B2 CONSTRUCTION: CONSULTING SERVICES, LLC Firm/Company
23501 JUNSET VIEW Address
Speciento, Fa 32776 City/State and Zip Code
BHBBLULAUTE Q BHAIL . COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (352) 735-1885 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

Ba Construction's Consulting Services U.C.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab		AVSUST 36, 3009 and assigned	
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company h	nere:	
The new name must be distinguishable and end with tall.L.C."	the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, 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 = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	BRUCE H. SAMUSEN	SOLLENTO, FL 32776	Add Remove
	**************************************		Add Remove
			Add Remove
			Add Remove
			Add
			Add Remove
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	SECRETAR DIVISION OF I
			RY OF STATE CORPORATIO
Dated		or authorized representative of a member	
	KENEL T. BAHA Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00