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SECRETARY OF STATE

M. THOMAS

OCT 2 2009

EXAMINER

COVER LETTER

10:	Division of Co				
SUBJECT: BCM Contracting, LLC Name of Limited Liability Compan					
		Name of Lim	ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		William C. Perdue			
			Name of Person		
В		CM Contracting, LLC			
			Firm/Company		
2		2023 Thomas Drive			
			Address		
		Pana	ma City Beach, FL 324	08	
			City/State and Zip Code		
		E-mail address: (perdue@comcast.net to be used for future annual report	notification)	200' TAI
For fur	rther information	concerning this matter, please c	call:		Z009 OCT - SECRETA TALLAHAS
	Will	iam C. Perdue	at (<u>850</u>)	258-1493	T-1 AN
	Name	of Person	Area Code & D	aytime Telephone Number	AMII: 07 SEE, FLORIDI
Enclos	sed is a check for	the following amount:			7
▼ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	e of Status &
	Regis Divisi P.O. E	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	Registration S Division of C Clifton Build	Corporations ling ve Center Circle	

2661 Executive Center Circle Tallahassee, FL 32301.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BCM	Contracting, LLC		<u></u>	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appear a Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	9/21/09	and assigned	
Florida document numberL0900091046				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company her	<u>re</u> :		
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Compa	any," the designation '	'LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)		FS B	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			CT-1 MIII 07	
B. If amending the registered agent and/or registered agent and/or the new registered office ac		our records, <u>enter</u>	the name of the nev	
Name of New Registered Agent:	<u> </u>			
New Registered Office Address:	F	nter Florida street aa	<u></u> Idress	
	City	, Florida _	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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member Title **Name** Address Type of Action Morris Jarmon Jr. MGR 3120 Minnesota Ave. #131 ☐ Add Panama City Florida 32405 Morris Jarmon Jr. MGRM 3120 Minnesota Ave. #131 Panama City Florida 32405 ☐ Remove Remove Add Remove \square Add Remove \Box Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: This change is to correct the original filing. The original filing listed Mr. Jarmon as a manager and in fact he is a managing member of this limited liability company. September 29 Dated gnature of a member or authorized representative of a member William C. Perdue Typed or printed name of signee

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Filing Fee: \$25.00