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T. CLINE

EXAMINER

COVER LETTER

Division of C						
SUBJECT:	Nathan Keve	r Construction, LLC				
Sobster.		ted Liability Company		-		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
		Nathan Kever				
		Name of Person				
	Nathan Kever Construction, LLC					
	Firm/Company					
		76 Clark Street				
		Address				
		Quincy, Florida 32351				
		City/State and Zip Code				
	E-mail address: (ndkever@gmail.com to be used for future annual repo	ort notification)	-		
For further information	concerning this matter, please of	eall:				
Nathan Kever Name of Person		at (850)	566-6131 Daytime Telephone Num			
Name	e of Person	Area Code &	Daytime Telephone Numi	ber		
Enclosed is a check for	r the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	Certifi nclosed) Certif	Filing Fee, icate of Status & ied Gopy iona Copy is Closed)		
				A S T		
MA	ILING ADDRESS:	STREET/C	OURIER ADDRESS	SS: 23		
Registration Section Division of Corporations		Registration Division of				
P.O. Box 6327 Tallahassee, FL 32314		Clifton Buil		ORIDA RORIDA		
Tananassee, FL 32314		Tallahassee		>		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nathan K	ever Construction, LL	. <u>C</u>		
(A Florid	ity Company as it now appears a Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	4/9/12	and assigned	
Florida document number L0900092704	<u>·</u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here	:		
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Compan	y," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:			The C	
(Principal office address MUST BE A STREET AD)	DRESS)		10	
		3	S 7	
		U	$\gamma = \omega$	
Enter new mailing address, if applicable:			s a m	
(Mailing address MAY BE A POST OFFICE BOX			(d) % (
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		ur records, <u>enter</u>	the name of the ne	
Name of New Registered Agent:				
New Registered Office Address:				
	Ent	er Florida street ad	reet 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 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>Address</u> **Type of Action** <u>Name</u> MGR Nathan Kever 76 Clark Street ✓ Add Quincy, Florida 32351 Remove Add Add Remove ☐ Add ☐ Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated August 23 2012 Signature of a member or authorized representative of a member Renee Kever Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00