

L09000097753

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV 10 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Eaglerock Construction Group, 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:

Michael Moore

Name of Person

Eaglerock Construction Group, LLC.

Firm/Company

289 Saint Johns Golf Drive

Address

Saint Augustine, FL 32092

City/State and Zip Code

MMoore@eaglerockconstructiongroup.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michael Moore

Name of Person

at (904)

629 0186

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 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

FILED
09 NOV -9 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Eaglerock Construction Group, LLC.

(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 Liability Company were filed on 10/9/2009 and assigned
Florida document number L09000097753

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

289 Saint Johns Golf Dr

(Principal office address MUST BE A STREET ADDRESS)

Saint Augustine FL 32092

Enter new mailing address, if applicable:

289 saint Johns Golf Dr

(Mailing address MAY BE A POST OFFICE BOX)

Saint Augustine FL 32092

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Michael Moore

New Registered Office Address:

289 Saint Johns Golf Dr

Enter Florida street address

Saint Augustine

Florida

32092

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michael Moore	289 Saint Johns Golf Dr Saint Augustine, FL 32092	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Adam Knoblock	8719 Glenagleway Way Naples, FL 34012	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 10/30/2009



Signature of a member or authorized representative of a member

Frank Bastyr

Typed or printed name of signee

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TALLAHASSEE, FLORIDA