## LD9000105114

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	:y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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09/13/10--01006--006 \*\*30.00



C. LEWIS

SEP 1 4 2010

EXAMINER

## COVER LETTER

TO: Registration Solution of Con	ection rporations	,	
SUBJECT:	LJSW CON	STRUCTION, LLC	
		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Franklin H. Watson	
		Name of Person	
		Watson Sewell, PL	
		Firm/Company	
	5365 E	E. Co. Hwy. 30A, Suite 105	
		Address	<del></del>
	Sea	grove Beach, FL 32459	
		City/State and Zip Code	
	berr E-mail address: (1	nie@watsonsewell.com to be used for future annual report notificat	tion)
For further information	concerning this matter, please c	<u>-</u>	,
y-774	·····, r·····		
	klin H. Watson	at ( <u>850</u> ) 231-3 Area Code & Daytime T	465, ext. 14
. Name o	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for t	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)

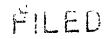
MAILING ADDRESS:

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



2010 SEP 13 PM @ \$1

RUCTION, LL any as it now appea Liability Company)	rs on our recortish L	MASSEE, FLORID
y were filed on	10/30/2009	and assigned
bility company he	<u>re</u> :	
DINGS, LLC		
nited Liability Comp	any," the designation "	LLC" or the abbreviati
<del></del>		
	our records, enter	the name of the no
<u>ere</u> :		
	ntar Florida street ad	drass
£.		47 633
City	, Florida	Zip Code
•		•
_		
iptete performanc	e of my duties, and I	am familiar with ai
	bility company he DINGS, LLC nited Liability Comp  office address on ere:  Example 1.1. Example	office address on our records, enter ere:  Enter Florida street add City

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR ≦ Manager

<u>e</u> .	<u>Name</u>	<u>Address</u>	Type of Action
<del></del>			Add Remove
			Remove
<del></del>			Add
			☐Add ☐Remove
			Remove
If amen	ding any other information, en		Remove
If amen	ding any other information, en		Remove s, if necessary.)
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If amen	9/08	ter change(s) here: (Attach additional sheet.	Remove  2010 SEP 13 PM SECRETARY OF SECURE
	9/08	nter change(s) here: (Attach additional sheet.	Remove  201 SEP 13 PM  SECRETARY OF S