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SECRETARY OF STATE

J. BRYAN

FEB 2 3 2009

EXAMINER

COVER LETTER

TO:		stration sion of C								
SUBJE	CT: _	Cr	<u> </u>	Construction Name of Lim	, 4 lited Liabi	ility Company	۷,۷,	<u>C.</u>		
The end	closed	Articles	of Am	endment and fee(s) are su	bmitted fo	or filing.			, ·	
Please	return a	dl corre	sponde	nce concerning this matte		•				
				Samuel	F.	Creus me of Person astruction of the company Address				
			_	Crevs	<u>Car</u> Fir	nStruction of m/Company	Clonf	ousy L	10 FEB 2	7
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			_	Chief	City/St	ate and Zip Code for future annual report no	(26		2:56 FLORIDA	
			_	E-mail address:	<u>C ひへら</u> (to be used	for future annual report no	att.	net		
For fur	her inf	ormatio	n conce	erning this matter, please	call:					
	Sac	Nam	. (ne of Per	Crzus	a	Area Code & Dayti	. 877 ime Telepho	one Number		
Enclose	ed is a	check fo	or the fo	llowing amount:						
<u>.</u> \$ 25	.00 Fili	ng Fee]\$30.00 Filing Fee & Certificate of Status	c	5.00 Filing Fee & Certified Copy additional copy is enclose		Certified C	of Status &	ed)

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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears	of our records.
The Articles of Organization for this Limited Liability Company	were filed on	11/4/2009 That assigned
Florida document number <u>L D9000 10 6263</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here	:
1//	, 12_	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2820	Caribbean Isle apt
(Principal office address MUST BE A STREET ADDRESS)	402	
	Melbon	rne FL, 32935
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		11/14
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ir records, enter the name of the new
		1
Name of New Registered Agent:		<i>A</i>
New Registered Office Address:	Ente	er Florida street address
 	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 Changing Registered Agent, Signature of New Registered Agent

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

MGRM =	Managing Member		
<u>Title</u>	Name	Address	Type of Action
<u></u>			Add Remove
······································			Add Remove
			Add Remove
			Add Remove
			Add Remove
	<u>/</u>		Add Remove
). If ame	nding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)
- - -	Changing From Bussness. to	"Cable Contracter	SE Z
 Dated	Fab. 17 , 20	10	FILED FEB 22 PM 2:56 CREMARY OF STATE
		or authorized representative of a member Cress S or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00