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JAN 27 2011

EXAMINER

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name change: Statewide Fence, UC to T. Laliberte, Name of Limited Liability Company Construction, U.C.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Theodore J. Laliberte, Jr. Name of Person
Theodore J. Laliberte, Jr. Name of Person T. Laliberte Construction, LLC Firm/Company
813 SW River Ct. Address
Palm City 3L 34990 City/State and Zip Code
Laliberte ted @ Jana. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ted Code & Daytime Telephone Number at (772) 678.8024 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \frac{\$30.00}{\$55.00}\$ Filing Fee \$\ \times

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Statewide Fence.	L.L.C.
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)
(, 55.101 2.111100 2.111	Company)
The Articles of Organization for this Limited Liability Company we	ere filed on 11 - 4 - 09 and assigned
Florida document number <u>LO9000 10 6 3 9 3</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
T. LAliberte Construction	() (
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NIA
(Principal office address MUST BE A STREET ADDRESS)	
<u>-</u>	
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
_	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
registered algert and or the new registered office address new	=
Name of New Registered Agent:	N/A SE =
•	N
New Registered Office Address:	Enter Florida street address
	, Florida <u> </u>
New Registered Agent's Signature, if changing Registered Agent:	DM 00
1101 HOLISTOI CO MENIC S DIGHARDI OF IL CHANGING INCESSION MECHO	•

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

<u>Fitle</u>	<u>Name</u>	Address	Type of Action
	NA		
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). If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	
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Dated	, ,,	·	
	4 91	1 -4.	
	Signature of a mem	iber or authorized representative of a member	
	Theodore L		

Page 2 of 2

Filing Fee: \$25.00