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EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	CT:	CW M	Masonry, LLC		
	-		Name of Limited Liability Company		
The end	closed Articles o	f Amendment and fee(s) are sub	bmitted for filing.		
Please 1	return all corresp	condence concerning this matter	r to the following:		
			Kimberly Lewis		Sound of the Sound
			Name of Person		200
Loci			klin, Jones & Saba, P.A.	G	, 0
Firm/Company					3
			6460 Justice Avenue	•	بر بر
Address					
			Milton, Florida 32570		
			City/State and Zip Code		
		kin E-mail address: (nberly@ljslawfirm.com to be used for future annual report notifi	cation)	
For furt	her information	concerning this matter, please c			
		rles W. Williams		393-8615	
	Name	of Person	Area Code & Daytime	e Telephone Number	
Enclose	ed 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 enclos	ed)
MAILING ADDRESS: Registration Section		tration Section	STREET/COURI Registration Section	n	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CW Masonry, LLC (Name of the Limited Liability Company as it now appears on our records,) The Articles of Organization for this Limited Liability Company were filed on November 9, 2009 L09000108358 Florida document number 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
· ·	· 		Add Remove
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	 :
<u>-</u>	he purpose for which this Limited Li	ability Company is organized is: Any and	_ · _ _
Dated	November 13 , 20	· · · · · · · · · · · · · · · · · · ·	_
	_	or authorized representative of a member arles W. Williams	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00