| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |

G. MCLEOD

APR 13 2010

**EXAMINER** 



200173377402

04/09/10--01018--004 \*\*30.00

# **COVER LETTER**

| TO: Registration Section Division of Corporations   |  |  |  |  |
|---|--|--|--|--|
| SUBJECT: T-Square Coust Puction & Services 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:   |  |  |  |  |
| Thomas Sauberty Name of Person  |  |  |  |  |
| T-Square CoustevertoN + Services LLC Firm/Company   |  |  |  |  |
| 21346 ST. AND PFWS BIVIS 5T119  |  |  |  |  |
| City/State and Zip Code   |  |  |  |  |
| E-mail address: (to be used for future annual report notification)  |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |
| ROSE AREVALO at (56) 4/82-4052  Name of Person Area Code & Daytime Telephone Number   |  |  |  |  |
| Enclosed is a check for the following amount:   |  |  |  |  |
| \$25.00 Filing Fee Certificate of Status  Certificate of Status  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

| T-SQUARE CON  | STRUCTIONS  | ERVICES LLC                      |                    |  |
|---|---|----------------------------------|--------------------|--|
| ( <u>Name of the Limited Liabil</u><br>(A Florid                                | lity Company as it now appears<br>la Limited Liability Company) | on our records.)                 |                    |  |
| The Articles of Organization for this Limited Liability Florida document number |   | 12/1/09 and ass                  | igned              |  |
| This amendment is submitted to amend the following:                             | :   |                                  |                    |  |
| A. If amending name, enter the new name of the li                               | imited liability company here                                   | :                                |                    |  |
| The new name must be distinguishable and end with the v "L.L.C."                | words "Limited Liability Compan                                 | y," the designation "LLC" or the | abbreviation       |  |
| Enter new principal offices address, if applicable:                             |   |                                  | <b>——</b>          |  |
| (Principal office address MUST BE A STREET ADI                                  | DRESS)  |                                  | <u></u>            |  |
|   |   | <u> </u>                         | SICH               |  |
|   |   | 20                               | 200                |  |
| Enter new mailing address, if applicable:                                       |   | <b>ن</b>                         |                    |  |
| (Mailing address MAY BE A POST OFFICE BOX                                       |   | 3                                | <del>- 220</del> 5 |  |
|   | <del> </del>  | ?                                | The same           |  |
|   |   | <del></del>                      | tra.               |  |
| B. If amending the registered agent and/or reg                                  |   |                                  | , referen          |  |
|   |   |                                  |                    |  |
| Name of New Registered Agent:   |   |                                  | <del></del>        |  |
| New Registered Office Address:  |   |                                  |                    |  |
| Enter Florida street address  |   |                                  |                    |  |
| ****  |   | , Florida                        |                    |  |
|   | 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

**Address Type of Action Title Name** LOSE AREVALO Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated thorized representative of a member ONAS DAUGHERTS
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00



### CONSTRUCTION & SERVICES LLC Lic# CGC 1518369

April 6, 2010

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

To Whom It May Concern:

Attached please find your form, Articles Of Amendment To Articles Of Organization Of T-Square Construction Services, LLC. Our office information is listed below. If for any reason we cannot be reached in the office, please contact Rose @ 561 809-9926

Your cooperation in this matter has been appreciated.

Regards

**Thomas Daugherty** 

Money Something