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COVER LETTER

TO: Registration Section
Division of Corporana:

Brothers Construction, 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:

Barry J Higgins

Name of Person

Higgins Brothers Construction, LLC

Firm/Company

1361 SE Buckingham Terrace

Address

Port Saint Lucie, FL 34952

City/State and Zip Code

hbconst@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry Higgins

Name of Person

772 342-2587

Area Code & Daytime Telephone Number

Enclosed 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 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

Higgins Brothers Construction, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number L09000116878	were filed on 12/09/2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
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 off registered agent and/or the new registered office address here	
Name of New Registered Agent:	SECRET ALLA MIN
New Registered Office Address:	60
New Registered Agent's Signature, if changing Registered Agent:	Enter Florida street address Florida City Florida

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

Title	Name	Address P.O. Bx 7656	Type of Action
MGR	Jason Ross	P.U. DX 7000	Add
		Port Saint Lucie, FL	Remove
		34985	
			Add
			Remove
			<u> </u>
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If amending any other information	, enter change(s) here: (Attach additional sheets, if necessary.)
Dated October 31	2012
<u> </u>	
Cionatu	re of a member or althorized representative of a member
Barry J Higgins	re-of 8-member of authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00