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SECRETARY OF STATE DIVISION OF CORPORATIONS

9-16-13

COVER LETTER

	Registration Sect Division of Corpo		,	₩ 17					
SUBJEC	ст: <u>Н</u>		HERS CONSTRUCT ed Liability Company	ion, LLC					
The enclosed Articles of Amendment and fee(s) are submitted for filing.									
Please return all correspondence concerning this matter to the following:									
		BARRY	J. HIGHINS Name of Person						
		N1691	NS BROTHERS CO	USTRUTION					
		1361 SE	BUCKING HAM TO	<u>el</u>					
		HBCa	SAINT LUCIE, F City/State and Zip Code NSTEGMAIL. Cor be used for future annual report notification	<u>L349</u> 52 <u>n</u>					
For furth	er information cor	cerning this matter, please ca	11;						
	Name of F	5 HIGGINS	at (<u>772) 342 3</u> Area Code & Daytime Te	2587 lephone Number					
Enclosed	l is a check for the	following amount:							
\$25.0	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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<u></u> _	
The Articles of Organization for this Limited Liability Company were filed on 12 9 2009 Florida document number LO9000 11 6978.	_ and assi	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited Hability company here:		
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC "L.L.C."	" or the a	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		. 9
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 registered agent and/or the new registered office address here:	SEP 12 AM II: 48 name o	SECRETARY OF STATE THE NEW
Name of New Registered Agent:		·····
New Registered Office Address: Enter Florida street address:		
Enter Florida street address	,	
, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•	

If Changing Registered Agent, Signature of New 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 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 **Title** <u>Name</u> **Address Type of Action** BRIAN MARKEY 2260 47 VERO BEALL, FL 3291do Add Add SECRETAL SINCE TALL SI Remove Remove Remove

D. If	ame	ending any other in	formation, enter	change(s) here:	(Attach additional sheets, if nece	essary.)
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	_					
Dated	<u>.</u>	1/1/2013			SEPTEMBER 1,20	013
			D	A		
			Signature of a	nember er sultoria	zed representative of a member	
		····	γ.	116RM	F :	
				Typed or printed	name of signee	

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Filing Fee: \$25.00

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