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SECRETARY OF STATI
AND ANASSEE, FLORII

J. BRYAN

JAN 2 0 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co	ection rporations			
SUBJE	CT:	Lloyd E.	Chisholm, LLC		
	····	Name of Limi	Name of Limited Liability Company		
The en	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			Lloyd E. Chisholm		
			Name of Person		
		L	EC Contracting, LLC		
			Firm/Company		
			8040 Kilkelly Lane		As =
			Address		ECR S
		J;	acksonville, FL 32244		JAN 19 PH 4: 2 CRETARY OF STAT LAHASSEE, FLOR
			City/State and Zip Code		SEE. F
		; hamı	mer382000@yahoo.com to be used for future annual report notification	<u> </u>	FES
For fur	ther information	concerning this matter, please c		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FLORIDA
		oyd Chisholm	at (6-2373	
	Name	of Person	Area Code & Daytime Tel	iepnone Number	
Enclos	ed is a check for	the following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	Regist	LING ADDRESS: tration Section ion of Corporations	STREET/COURIER Registration Section Division of Corporation		

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lloyd E. Chis (Name of the Limited Liability Compar (A Florida Limited L	sholm, LLC y as it now appears on our iability Company)	records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL1000003271	were filed on01/1	1/2010	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:		,	
LEC Contrac	ting, LLC			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the o	designation "LI	C" or the abbreviation	
Enter new principal offices address, if applicable:	8040 Kilkelly Lane		`	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 322	44 5	S T	
Enter new mailing address, if applicable:	8040 Kilkelly Lane		ARY OF	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 322	244	4:21 STATE STATE	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		rds, <u>enter th</u>	e name of the new	
Name of New Registered Agent:				
New Registered Office Address: 8040 Kilkelly	y Lane			
	Enter Florida street address			
Ja	acksonville	, Florida	32244	
 -	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, <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
			Add Remove
	_		— —
	_		Add Remove
			Add Remove
	_		AddRemove
			Add Remove
D. If an	nending any other information, enter	change(s) here: (Attach additional sheets, if ne	cessary.)
	Change MGR Lloyd E. Chishol	m address to:	
	8040 Kilkelly Lane		TO JAN 10 JAN SECRETA
	Jacksonville, FL 32244	11001	HAS HAS
			SEE.
			PM 4:2,
Dated _	January 14 ,	2010	21 TE
	floyd E.	Chishalm	
	Signature of a	member or authorized representative of a member	
		Lloyd E. Chisholm Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00