L10000010208

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE
ALLAHASSEE FLOOR

NOV - 6 2013

T. BROWN

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: GLoba / Construction 1 Enterprises LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LARIZACIE DUNKLEY
Name of Person
Construction Enterprises Lic Firm/Company
1128 13. Donegan AUIE.
Address
Kissimmer, 122 34744 City/State and Zip Code
Global Construction ienterpreses Q Gahao - com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Channe of Person at (407) 908 - 3505

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

	13 10	FIL	<u>ج</u> ہ
	TALLARIA	W-4 PH	4:05
S ur rec	TALLAHAA LL CS LL CS ords.)	SEE FLOR	". 05 ATE 10A
			•

(Name of the Limited)	Liability Compa	PNTERPIOE ny as 11 now appears on o liability Company)	S LZC	SSEE OF OS
The Articles of Organization for this Limited Liz Florida document number 100000102		were filed on		_ and assigned
This amendment is submitted to amend the follo A. If amending name, enter the new name of	C	ility company here:		
The new name must be distinguishable and end with "L.L.C." Enter new principal offices address, if applica (Principal office address MUST BE A STREET)	the words "Limi		_	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>80X)</u>			
B. If amending the registered agent and/o registered agent and/or the new registered off	ice address her	<u>e</u> :		•
Name of New Registered Agent: New Registered Office Address:	2461	Clarence The Onks Enter Flo Immee City	CE DUNK . BlVel. orida street addre	ss ss
	fiss	Immee City	, Florida <u> </u>	4946 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 **Address Type of Action** Name MOREM MICHALE DUNKIE 2461 The OBES Blud Add MS- 122. 34746 Remove MGRM CLARANCE DUNNLey 2461 The OAKS Blod. Add

Rissimmie:, FL- 34746 Remove Remove Remove Remove

amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	·
_	
	Signature of a member of anthorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00