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K. SALY EXAMINER NOV 9 2011

COVER LETTER

Registration Section

Division of Co	orporations		
SUBJECT:	Pappas Civ	ril Contractors, LLC	
		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
		Nancy P. Pappas	
		Name of Person	
	Papp	oas Civil Contractors, LLC	
		Firm/Company	
	731 Wesley Avenue		
		Address	
	Tarp	on Springs, Florida 34689 City/State and Zip Code	
	lukep	appas@louispappas.com	
	E-mail address: (to be used for future annual report notifica	tion)
For further information	concerning this matter, please	call:	
	ancy Pappas		1770 x 222
Name	of Person	Area Code & Daytime 7	elephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS: tration Section	STREET/COURIED Registration Section	R ADDRESS:
Divisi P.O. I	ion of Corporations Box 6327 nassee, FL 32314	Division of Corporati Clifton Building 2661 Executive Cent	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
11 MOY -8 PM 5
TATTAHASSEE, FIRELE
TO SEE TO WILL

Pappa (<u>Name of the Limited Li</u> (A Fl	as Civil Contractors, LLC ability Company as it now appears orida Limited Liability Company)	s on our records.)	Masser, Flank
The Articles of Organization for this Limited Liab Florida document numberL1000002508	· · ·	03/05/2010	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liability company here	:	
The new name must be distinguishable and end with to "L.L.C."	he words "Limited Liability Compar	ny," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	4DDRESS)		
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		ur records, <u>enter</u> (the name of the new
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Ente	er Florida street ada	dress
		, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Nancy P Pappas	731 Wesley Avenue Tarpon Springs, Fl 34689	Add Remove
 -			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
			_ _
			-
Dated	November 3 , 20	011	
	Lucas	r or authorized representative of a member ADDAS I or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00