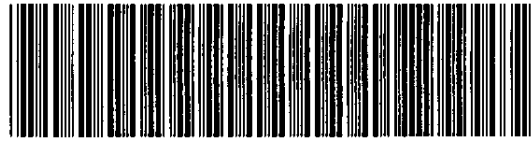


L10000030359 ✓



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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B. BOSTICK
SEP 15 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BARDEN CONTRACTING, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

D' ANN RICKETTS
(Contact Person)

BARDEN CONTRACTING, LLC
(Firm/Company)

621 NW 16TH AVE.
(Address)

POMPANO BEACH, FL 33069
(City/State and Zip Code)

For further information concerning this matter, please call:

D' ANN RICKETTS at (954) 393-7468
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &
Certified Copy

* CHECK AMT \$60.00
\$5 Certificate of Status

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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11 SEP 14 PM 12:06
REGISTRATION OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BARDEN CONTRACTING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 19, 2010 and assigned Florida document number L10000030359.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

FILED	11 SEP 14 PM 12:06	STATE OF FLORIDA
TALLAHASSEE		

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: D' ANN RICKETTS

New Registered Office Address: 621 NW 16th AVE
Enter Florida street address

POMPANO BEACH, Florida 33069
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>	<u>Address</u>	<u>Type of Action</u>
MGR	DENISE WHITEHURST	621 NW 16TH AVE POMPANO BEACH, FL 33069	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	D' ANN RICKETTS	621 NW 16th AVE POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BARRY RICKETTS	POMPANO BEACH FL, 33069	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 9/13/11



Signature of a member or authorized representative of a member

D' ANN RICKETTS

Typed or printed name of signee

SEP 14 11 12 AM '11
TALLAHASSEE STATE
FLORIDA