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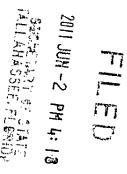
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## **COVER LETTER**

TO:	Registration Division of C	Section Corporations		
SUBJI	ECT:	Anthony Michael F	Keane Maintenance L.L.C.	
5000		Name of Lim	ited Liability Company	
The en	closed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please	return all corre	spondence concerning this matte	r to the following:	
			Anthony M. Keane Name of Person	
		Anthony M	ichael Keane Construction, LLC	
	Firm/Company 4421 Varsity Lakes Dr		<b>20</b>	
		de de ser de ser y - u	Address	TAILSS
		Le	chigh Acres, FL 33971 City/State and Zip Code	121
٠		E-mail address:	ant2@earthlink.net (to be used for future annual report notification)	
For fur	rther informatio	n concerning this matter, please	call:	<u> </u>
		othony M. Keane	at ( 239 ) 292-9  Area Code & Daytime Telepho	<del></del>
Enclos	ed is a check fo	or the following amount:		
\$25	5.00 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)
	Reg Divi P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anthony Michael Kean	<u>ie Maintenan</u>	ce L.L.C.	<u></u>		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on ou <u>r records.</u> )			
The Articles of Organization for this Limited Liability Company	were filed on	05/24/2010	and	assign	ıed
Florida document numberL10000056141					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> :			
Anthony Michael Kean	e Construction,	LLC			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	any," the designation	n "LLC" or th	e abbi	reviation
Enter new principal offices address, if applicable:	4421 Varsity	Lakes Dr			
(Principal office address MUST BE A STREET ADDRESS)	Lehigh Acres	, FL 33971	r of	201	
				<u> </u>	ī
Enter new mailing address, if applicable:	(Same)		my-4	4-2	
(Mailing address MAY BE A POST OFFICE BOX)			1.00 A of	N.	111
			33 :		
B. If a sum P. Alama I.A. I. A. M. A. I. A. I.A.		•		···	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>ente</u>	r the name	of t	<u>ne new</u>
	_				
Name of New Registered Agent:					
New Registered Office Address:					
	En	ter Florida street d	ıddress		
<del> </del>		, Florida			
	City		Zip Co	de	

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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	Name none	Address	Type of Action
	<del></del>		Add Remove
<del></del>			Add Remove
			Add Remove
			Adds
	-		G: Adb
			Add-
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	 v.)
			~ <del>~~</del>
Dated	May 27 ,,,	011	
	Signature of a member	r or authorized representative of a member	
	Anth	ony Michael Keane	

Page 2 of 2

Filing Fee: \$25.00