## L100000075911

(Reque	estor's Name)	·		
(Addre	ss)			
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(City/S	tate/Zip/Phone #	)		
PICK-UP	WAIT	MAIL		
(Busine	ess Entity Name)	<u> </u>		
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filir	ng Officer:			

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SECRETARY OF STATE ARIDA

C. LEWIS

NOV 2 3 2011

EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 7, 2011

THOMAS FILES / T2 CONSTRUCTION MANAGEMENT, LLC 1000 SW 33RD AVENUE OCALA, FL 34474

SUBJECT: T2 CONSTRUCTION MANAGEMENT, LLC

Ref. Number: L10000075911

We have received your document for T2 CONSTRUCTION MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 511A00025208

## **COVER LETTER**

SUBJECT: T2 Construction Management, LLC.						
Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Thomas E. Files					
	Name of Person					
T2 Construction Management, LLC.						
	Firm/Company					
	1000 SW 33rd Avenue					
	Address					
	Ocala, FL 34474					
	City/State and Zip Code					
	tfiles@homemodificationpros.com					
	E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:						
Thomas Files						
	at (352 ) 572-2084  Of Person Area Code & Daytime Telephone Number					
,						
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee	S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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

FILED

2011 NOV 22 AM 10: 46

T2 Construction Management, LLC. SECRETARY OF STATE TALLAHASSEE.FLORIDA

(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 July 19, 2010 and assigned Florida document number \_\_\_L10000075911 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) 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: New Registered Office Address:

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

Page 1 of 2

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
MGR	Theodore W. Feaste	r 1000 SW 33rd Avenue Ocala, FL 34474	Add  K Remove
MGR	Stacey L. Files	P.O. Box 352 McIntosh, FL 32664	✓ Add ☐ Remove
			Add Remove
÷ , ·			Add Remove
:	<u> </u>		AddRemove
			<del></del>
D. Ifa	mending any other information, en	ter change(s) here: (Attach additional sheets, if n	ecessary.)
Dated _	November 16,	, <u>2011</u> .	2011 NOV 22 AM LOS 46 SECRETARY OF STATE SECRETARY
	-	a member or authorized representative of a member	
		Typed or printed name of signee	<del> </del>

Page 2 of 2

Filing Fee: \$25.00