L1000085679

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
-				

Office Use Only



100187214141

11/01/10--01004--009 **25.00

B. KOHR
NOV - 2 2010
EXAMINER

OIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hontemar Construction UC 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:
Please return all correspondence concerning this matter to the following: Tadgar Acoforfa Name of Person Houseway Construction LLC Firm/Company
4618 Falcon Avenue
Lissimmer Florida 34746 City/State and Zip Code wortemar 344 (D listuarid Cody E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edgav Azofe Fa at 407 394-3045 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\text{\$25.00 Filing Fee}} \text{\$30.00 Filing Fee & Certificate of Status} \text{\$\sum_{\text{\$25.00 Filing Fee}} \text{\$\sum_{\text{\$25.00 Filing Fee}} \text{\$\sum_{\text{\$0.00 Filing Fee}} \text{\$\sum_{\text{\$260.00 Filing Fee}} \
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Montemar Constra	ection U.C.	10 SECT	
(Name of the Limited Liability Co.	mpany as it now appears on our ited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L10000 9567</u>	pany were filed on <u>Inter</u>	and assigned on State of State	
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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES.)	4618 Falca	designation "LLC" or the abbreviation Avenue Flouida	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
		, 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
<u>lugr</u>	Ivis Rosario	4618 Falcon Avenue Kissimmee, FL 34746	Add Remove
			Add Remove
- Araba			Add Remove
			Add Remove
			Add Remove
····-			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	_
			-
Dated D	Jober 28th, 2	2010	
		ber of authorized representative of a member	
	Typ	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00