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SECRETARY OF STATE

APR 2 0 2012 T. HAMPTON

COVER LETTER

Division of Corp			
SUBJECT: Nes	thenjel T Hunt Name of Limi	Construction LLC ited Liability Company	
The enclosed Articles of A	Name of Limited Liability Company icicles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: **Matheway Hunt Name of Person** **Firm/Company** **Firm/Company** **Firm/Company** **Address** **Milton Ft 32570 **Cfty/Ntate and Zip Code **Hunt 2005 - 201		
Please return all correspon	dence concerning this matter	to the following:	
	Nath	envel Hint Name of Person	·
		Firm/Company	
	6249 Par	· ·	
	milto	1, FL 32570	
	Hunt 2005	o he used for future annual report notifical	tion)
For further information co	ncerning this matter, please c	all:	
Nathaniel Name of	T. Hunz	at (<u>986) 287-02</u> Area Code & Daytime T	19 elenhone Number
\$25.00 Filing Fee		\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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
Tallabasses, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

a/athani	el T. Hunt Const	ruction LLC
(<u>Name of the Limited L</u> (A F	jability Company as it now appears on lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab	pility Company were filed on $9/$	17/10 and assigned
Florida document number	7 <u>273</u> .	SECI VISIO 2 AF
This amendment is submitted to amend the follow	ving:	ECRETARY OF SION OF COR
A. If amending name, enter the new name of t	he limited liability company here:	Por Silver
		F: 5
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbre vation
Enter new principal offices address, if applicab	ole;	
(Principal affice address MUST BE A STREET	ADDRESS)	
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 office	registered office address on our r ee address here:	ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Fi	orida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
162M	Jason D. March	Bobreenridge Dr.	Add Remove
			Add Remove
			Add Remove
			Add Remove
·····			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)
			SECRETARY OF STATE DIVISION OF CORPORATIONS 12 APR 19 PH 1: 53
Dated		<u>/</u> ·	ω JNS

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:

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Filing Fee: \$25.00