## L1000011389

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B. BOSTICK

JAN - 5 2011

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Done Right Construction (Name of Limite	and Demolition LLC d Liability Company)		
The enclosed member, managing member or mailing.	nanager resignation and fee(s) are submitted for		
Please return all correspondence concerning th	is matter to:		
Harold C. Mckeown II			
(Contact Person)			
Done Right LLC	75 12 EE		
(Firm/Company)	2 JAN -		
PO Box 1083			
(Address)	100 mg		
Crystal River Fl. 34423			
(City/State and Zip Code)	Α		
For further information concerning this matter,	please call:		
Harold C. Mckeown II	352 <sub>)</sub> 795-6106		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to \$\sqrt{1}\$\$ \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	rananassos, rionaa 223 (1		

CR2E079 (5/06)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## DONE RIGHT CONSTRUCTION AND DEMOLITION 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 Lial	oility Company were filed on	01/01/2011	and assigned
Florida document numberL100001123			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	pany," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applical	ole:	\{ \{ \}	
(Principal office address MUST BE A STREET	ADDRESS)		N
		5.7° .	
		요: 야 건	43
Enter new mailing address, if applicable:		!*:	
(Mailing address MAY BE A POST OFFICE B	<u> </u>		ं दा
	<del> </del>	=======================================	្គ
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	Er	nter Florida street addre	ess
	, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Kim Taylor	KIM TAYLOR PO. BOX 2026 BELLEVIEW FL. 34421	Add Remove
MGRM	Wayne Taylor	WAYNE TAYLOR PO BOX 1528 SUMMERFIELD FL. 34492	Add  Remove
<del></del>			Add Remove
			Add Remove
<u></u>	<u> </u>		Add Remove
	<del></del>		Add Remove
D. If amendi	ng any other information, enter c	change(s) here: (Attach additional sheets, if necessary.)	
			12.0
		7	
Dated	Dec. 28th,	2011.  Mac Kangum TI	5.5 5.3
-	Signature of a m		
-		Harold C. Mckeown II Typed or printed name of signee	<del> </del>

Page 2 of 2

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