## L11000074948

(Reque	estor's Name)			
(Addre	ss)	1		
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(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Busin	ess Entity Nai	me)		
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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration S ' Division of Co		•	•	
SUBJECT: THE		ONTRUCTION COMPAN	IY, LLC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
		JAMES DAVIS		
		Name of Person		
		UNITED CRS		
		Firm/Company		
	32	7 HOLLOW CREEK LN		
		Address	,,	
		HAVANA, FL 32333		
		City/State and Zip Code		
	cc@unitedcrs.com			
	E-mail address: (	to be used for future annual report notifica	tion)	
For further information	concerning this matter, please of	call:		
	ames Davis	at ()	22-7117	
Name o	of Person	Area Code & Daytime T	elephone Number	
Enclosed is a check for t	he following amount:			
<b>₹25.00</b> Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, 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
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 11 NOV 29 PM 3: 57

THE MESIAS GROUP CONTRUCTION COMPANY ALL GHASSEE, 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	06/28/2011	and assigned
Florida document numberL	11000074948			
This amendment is submitted to ame	end the following:			
A. If amending name, enter the ne	ew name of the limited liab	oility company here	:	
THE ME	SIAS GROUP CONST	RUCTION COM	IPANY, LLC	
The new name must be distinguishable "L.L.C."	and end with the words "Limi	ited Liability Compan	y," the designation "LL	C" or the abbreviation
Enter new principal offices addres	ss, if applicable:			
(Principal office address MUST BE	E A STREET ADDRESS)		<del> </del>	
Enter new mailing address, if app	licable:			
(Mailing address MAY BE A POST				
B. If amending the registered a	ngent and/or registered of	Tice address on o	ur records, enter the	e name of the new
registered agent and/or the new re				
Name of New Registered A	Agent:			
New Registered Office Ad	dress:			
		Ente	er Florida street addre	SS
			, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	<u>Name</u>	<u>Address</u>	Type of Action
			Domovo
			T Demove
<del></del>			
<del></del>	<del></del>		Demove
<del></del>			Remove
. If amen	ding any other information, enter	r change(s) here: (Attach additional shee	ts, if necessary.)
			SECRE T
	November 29	2011	NOV 29 PM CRETARY OF LAHASSEE, F
	November 29 ,	Hugo Maries	NOV 29 PM 3: 57 RETAIN OF STATE LORIDA

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