L11000091222

R)	Requestor's Name)			
A)	Address)			
A)	Address)			
(C	City/State/Zip/Phone #)			
		-		
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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B. BOSTICK SEP 1 8 2012 EXAMINER

COVER LETTER

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Registration Section⁴ TO: **Division of Corporations**

19.5-2 SUBJECT Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth Komain JUast ontra state and Zin Code E-mail address: (to be used for future/annual report notification) ហ

For further information concerning this matter, please call:

Main at (754) 234-72 PANP Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS: **Registration Section Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, Florida 32301

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MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:



\$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT							
ARTICLES OF ORGANIZATION OF							
OF .							
<u>(Name of the Limited Liability Compa</u> (A Florida Limited	<u>Contracting</u> <u>LLC</u> any as it now appears on our records.) Liability Company)						
The Articles of Organization for this Limited Liability Company Florida document number $L1100091272$.	y were filed on <u>8(8)</u> and assigned						
· · · · · · · · · · · · · · · · · · ·							
This amendment is submitted to amend the following:	2 SEP						
A. If amending name, enter the new name of the limited lial	bility company here:						
The new name must be distinguishable and end with the words "Lim" "L.L.C."	aited Liability Company," the designation ALC" or the abbreviation						
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRESS)	Derpield Beach, FL 33442						
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)	429 NW 47th Ave Derfield Beach, FL 33/142						
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:							
Name of New Registered Agent:	eth Romain						
	NULL 475 AVE						
New Registered Office Address: 729	Enter Florida street address						
Deer	ield Beach, Florida J3442						
	J 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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	<u>Type of Action</u>
MGRM	Trisha George	4304 Riber Close Blud Velaico FL 33596	Add Kemove
MGRM	Kenneth Romain	429 NW 47th Ave Deryeld Beach /FL 3342	Add Remove
MGRM	ERIN ROMAIN	429 NW 47th Ave DeerFeile Beach FL-3340	Remove
			Add Remove
	<u></u>		Add Remove
			Add Remove
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	y.)
			TALLAN
Dated	June 26, 21)12.	EP 17 PH
Dated	12-12	r or authorized representative of a member	3:57
	Kenneth Roma	d or printed name of signee	· <u> </u>

Page 2 of 2

Filing Fee: \$25.00