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EXAMINER



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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Co			•	
SUBJECT: Me	yens Constr Name of Limited	UCTION AND REALIBILITY COmpany	a Esmte LLC	
The enclosed Articles of	Amendment and fee(s) are submi	itted for filing.		
Please return all correspo	ondence concerning this matter to	the following:		
	Ineyers POBM Bow	Name of Person  Bulding Company  Firm/Company  PRU 288  Address  Raton, 70 a  City/State and Zip Code	3348P	
	INFO (A) F E-mail address: (to b	nevers BUIL Documents of the second of the s	DING COMPANY. Con	ひ
For further information	concerning this matter, please call		<b>,</b>	
Allve	Ineyau of Person	at ( <u>561)</u> 347 -8 Area Code & Daytime To	P906 elephone Number	
Enclosed is a check for t	the following amount:			
\$25.00 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)	

TO:

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

Meyers CONSTRUCTION AND Real EState 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 Liability C		renga / Loi /and assigned	
Florida document number <u> </u>	g.	*	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here	:	
The new name must be distinguishable and end with the wor	RTIES LLC	? 	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compan	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	N/a.		
(Principal office address MUST BE A STREET ADDR	RESS)		
·	/.		
Enter new mailing address, if applicable:	NIU	SSE 5	
(Mailing address MAY BE A POST OFFICE BOX)	No. 10 10 10 10 10 10 10 10 10 10 10 10 10		
		Fig. 7	
B. If amending the registered agent and/or regist	tered office address on ou	<b>24</b>	
registered agent and/or the new registered office add	ress here:		
6	sla.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	C'.	, Florida	
N. D. L. L. M. G. L. M. L. D. L.	City	Zip Code	
New Registered Agent's Signature, if changing Registere	d Agent:		
I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper an accept the obligations of my position as registered ag being filed to merely reflect a change in the registere company has been notified in writing of this change.	nd complete performance o gent as provided for in Cha ed office address, I hereby	If my duties, and I am familiar with and apter 608, F.S. Or, if this document is	
	If Changing Registered Agen	t, 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 **Type of Action Name Address** <u>Title</u> ☐ Add Remove Remove Remove Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Mey US
Typed or printed name of signce

Page 2 of 2

Filing Fee: \$25.00