

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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NOV 16 2012

**EXAMINER** 



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## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

Framing Construction LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Silvio Gomez

Name of Person

Framing Construction LLC

2803 Indianwood Drive

Address

Sarasota, FL 34232

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Silvio Gomez

at (941) 376-0154

Area Code & Daytime Telephone Number

Name of Person

Enclosed is a check for 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)

**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

Framing Construction LLC					
( <u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on our reco liability Company)	rds.)		
The Articles of Organization for this Limited L	iability Company	were filed on 01/17/2012		_ and as	signed
Florida document number L12000007097	*				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and end win"L.L.C."	th the words "Limi	ited Liability Company," the desig	nation "LLG	or the	abbreviation
Enter new principal offices address, if applic	able:	2803 Indianwood Drive		12	
(Principal office address MUST BE A STREE	T ADDRESS)	Sarasota, FL 34232	<u> </u>		· ; ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
			\$\$\$. **********************************	<del>- cr</del>	Pro-Printing
Enter new mailing address, if applicable:		2803 Indianwood Drive		32	[ ] [ ]
(Mailing address MAY BE A POST OFFICE	BOX)	Sarasota, FL 34232	082	<u> </u>	
B. If amending the registered agent and/ registered agent and/or the new registered of			enter the	name	of the new
Name of New Registered Agent:	2803 India	nwood Drive			
New Registered Office Address:	2005 Indiai	Enter Florida st	reet addre:	is	<del> </del>
	Sarasota	. Flo	rida <u>342</u>	32	
	**************************************	City		Zip Coa	le

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Silvio Gomez	2803 Indianwood Drive	Add
		Sarasota, FL 34232	Remove
MGRM	Silvio Gomez	2239 Ashberry Circle	
		Sarasota, FL 34234	Remove
<del>managa disa-</del>	······································		
			Add Remove
			Add Remove
			Add Remove
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). If ar	nending any other information	, enter change(s) here: (Attach addition	nal sheets, if necessary.)		
	<del></del>				
ted	November 11	2012			
			2_		
	Signature of a member or authorized representative of a member				
	Silvio Gomez, MG	iRM			
	Tuesday winted some of signal				

Typed or printed name of signee

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Filing Fee: \$25.00