112000007284

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COVER LETTER

TO:

TO:		ration Sec on of Corp			
CHDIE		ilip Bontr	ager Masonry Designs L.L.C.		
SUBJE	CI;		Name of Limi	ited Liability Company	
The enc	losed Aı	rticles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all	correspor	ndence concerning this matter	to the following:	
			Philip Bontrager		
				Name of Person	
			Philip Bontrager Masonry	Designs LL.C.	
				Firm/Company	
			6665 Raylene Rd.		
				Address	
			Grand Ridge Fl. 32442		
				City/State and Zip Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			pbkb66 @yahoo.com	to be used for future annual report notification)	
For furt	her info	rmation co	oncerning this matter, please ca	-	
Philip I	Bontrage	er.		850 447-0276 at (
		Name of	Person	Area Code Daytime Telephone N	umber
Enclose	ed is a ch	eck for th	e following amount:		
□ \$25	5.00 Filin	ng Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
			NG ADDRESS: ation Section	STREET/COURIER ADDRE Registration Section	SS:
		Division P.O. Bo	n of Corporations	Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Philip Bontrager Masonry Designs L.L.C.		
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	.
The Articles of Organization for this Limited Liability C		
Florida document number L12000007284		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
	,	\$***
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		27.
		50
		mar Land
B. If amending the registered agent and/or regis		
registered agent and/or the new registered office add	ress nere:	ORA F
N. CN. B. L. LA		9.
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	daZin Code
	City	ZID ÇOGE

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Joshua Ward	5448 Mill Creek Rd.	■ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			APP Add 2
			Ramove V
			O Change
			
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mant to 605	optional) Pursuant to	ive date, if other than the date of filing:
suant	(optional):	ive date, if other than the date of filing: [fective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory fi

Page 3 of 3

Filing Fee: \$25.00