# 12000018429

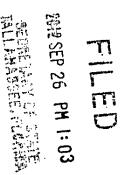
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J. BRYAN

SEP 27 2012

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 685 Construction Eterprise J.C.  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:
(new wave) Designer Contractors LC & Email address: (to be used for future agricult report notification)
For further information concerning this matter, please call:
Name of Person at (HO7) H59-6H916  Area Code & Daytime Telephone Number
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) \$\$ 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

<u>GES Construction</u> First	corrise DLC.
(Name of the Limited Liability Company (A Florida Limited Lia	as itnow appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	7 7 7
Florida document number 800000765 278.	12000018429
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
Designer Contractors "L	·L.C."
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	6741 Simpkin dr.
(Principal office address MUST BE A STREET ADDRESS)	Orlando Florida
	39201 Smfc #1
Enter new mailing address, if applicable:	6741 Lungskin dr.
(Mailing address MAY BE A POST OFFICE BOX)	Orlando 71. zarab
	Sutc #1
B. If amending the registered agent and/or registered offi- registered agent and/or the new registered office address here:	
Ol.	
Name of New Registered Agent:	surecine Etienne
New Registered Office Address: しついし	LimpKin dr. Suite #1  Enter Florida street address
	City , Florida 3980 \ Zip Code
N. D. J.A. B.A. At. Glassacian (Calcanation Destational Association)	

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.

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> <u>Name</u> <u>Address</u> Type of Action Add Remove airecine Etienne **∐**∕Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar

Dated

Our ecive Etienne

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee