1200037613

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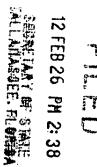
G. MCLEOD
MAR 2 7 2012

EXAMINER



300225147043

300225147043 03/26/12--01049--003 ***30.00



COVER LETTER

TO:	Registration Sec Division of Corp			₩ ₩		
SUBJE	·CT·	LB PROFESSION	AL CONSTRUCTION LI	_C		
30 .00 1						
The end	closed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please 1	return all correspon	dence concerning this matter	to the following:			
			LUIS RAMIREZ			
Name of Person						
BEST FINANCIAL SERVICES & ASSOCIATES INC						
Firm/Company						
	8128 PENSACOLA BLVD					
	PENSACOLA FL 32534					
			City/State and Zip Code			
	LUIS@BESTFINANCIALSERVICES.COM					
		·	to be used for future annual report notific	cation)		
For furt	her information co	ncerning this matter, please c	all:			
	LUIS	RAMIREZ	at (850)	572-6846		
Name of Person		Area Code & Daytime Telephone Number				
Enclose	ed is a check for the	following amount:				
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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 Tatlahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LB PROFESSIONAL CONSTRUCTION LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appea Liability Company)	rs on our records.)	
he Articles of Organization for this Limited Liability Compan	y were filed on	03/15/2012	and assigned
orida document numberL12000037013			
nis amendment is submitted to amend the following:			
If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :	
ne new name must be distinguishable and end with the words "LinL.C."	nited Liability Compa	any," the designation "LI	C" or the abbrev
nter new principal offices address, if applicable:			12 6
rincipal office address MUST BE A STREET ADDRESS)			
		do:	26
nter new mailing address, if applicable:	•	3	g Po D
failing address MAY BE A POST OFFICE BOX)			7 C O
. If amending the registered agent and/or registered ogsistered agent and/or the new registered office address he		our records, <u>enter th</u>	e name of the
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street addre	ess
·		, Florida	
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = MGRM	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	-		Add Remove
			Add Remove
			Add Remove
			Add Remove
	CORRECTION OF MISSPELL	change(s) here: (Attach additional sheets, if necessary.) ONE ONE OF THE MGRM NAME:) TO LUIS P. KINGTERO (CORRECT)	
Dated	MARCH 19	2012 .	- -
	Signature of a r	member or authorized representative of a member	
		DANIEL M. ZAMBADA Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00