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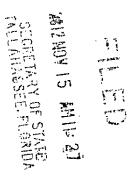
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EXAMMER

#### COVER LETTER

TO: Registration Section **Division of Corporations** 

.IKE US 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:

## JAMES COCKRILL

Name of Person

# LIKE US CONSTRUCTION, LLC

Firm/Company

## 2292 DEER CREEK TRAIL

Address

## DEERFIELD BEACH, FL 33442

City/State and Zip Code

#### STONEWALL714@COMCAST.NET

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

For further information concerning this matter, please call:

JAMES COCKRILL

at ( 954 ) 778-8751

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 Taliahassee, 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

## LIKE US CONSTRUCTION, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Flori	da Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number <u>L12000136273</u>	y Company were filed on OCTO	BER 25, 2012 and	assigne	d
This amendment is submitted to amend the following	;;			
A. If amending name, enter the new name of the l	limited liability company here:			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company."	the designation "LLC" or the	ne abbre	<u>viation</u>
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)	e elle Marie e elle	Mr.	
		1 - 1 A.	15-67	
			-0.4	;
Enter new mailing address, if applicable:		(1) 10 mg/s (1) 20 mg/s	5	:µ⊶ <del>erar</del> ≇
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>		
Indiana dates MAT BLATOST OTTICL BOA		; F. C)		
	<del></del>	—————————————————————————————————————	#: 60	
B. If amending the registered agent and/or reg	gistered office address on our	records, enter the name	e of the	e new
registered agent and/or the new registered office a	ddress here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter F	lorida street address		
		Florida		
	City	Zip Co	ode	
New Registered Agent's Signature, if changing Registe	ered Agent:			
I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	and complete performance of m l agent as provided for in Chapto ered office address, I hereby con	y duties, and I am famil er 608, F.S. Or, if this do	iar with ocumen	n and

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

Type of Action **Address** Title <u>Name</u> 2292 DEER CREEK TRAIL KIMBERLY GRAY **MGRM** DEERFIELD BEACH,FL 33442 2292 DEER CREEK TRAIL 🗸 Add JAMES COCKRILL **MGRM** DEERFIELD BEACH, FL 33442

D. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	,
MOV/	
ated NOV	EMBER 12 2012
	James Cockell
	Signature of a hember or authorized representative of a member
·	JAMPS (DCKrill
_	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

Kumberly Lhay Kimberly Aray

SECRETARY OF STATE

Marie Sparre