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EXAMINER



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **C.E.B. 2 CONSTRUCTION L.L.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:

ALBERT J PIAZZA

Name of Person

C E B 2 CONSTRUCTION LLC

Firm/Company

1038 -5 DUNN AVE PMB-83

Address

JACKSONVILLE FL 32218

City/State and Zip Code

UNCKLEAL@GMAIL.COM

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

For further information concerning this matter, please call:

ALBERT J PIAZZA

Name of Person

at **315 271-6206**

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)

☐ \$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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

C E B 2 CONSTRUCTION LLC

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

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 26, 2012 and assigned
Florida document number L12000136442

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1038-5 DUNN AVE PMB-83
JACKSONVILLE FL 32218

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: ALBERT J PIAZZA

New Registered Office Address: 1038-5 DUNN AVE PMB-83

Enter Florida street address

JACKSONVILLE, Florida 32218

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.

Albert J. Piazza
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALBERT J PIAZZA	1038-5 DUNN AVE PMB-83 JACKSONVILLE FL 32218	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DANNY R FUTCH	8537 BENDING BRANCH CT JACKSONVILLE FL 32244	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PAUL BOUCHER	1038-5 DUNN AVE PMB-83 JACKSONVILLE FL 32218	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated NOVEMBER 15, 2012


Signature of a member or authorized representative of a member

ALBERT J PIAZZA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00