# 11300011643

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phon	e #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number)	)
Certified Copies Certificate	s of Status
Special Instructions to Filing Officer:	

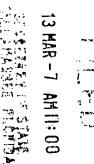
Office Use Only

MAR 1 1 2013 G. MCLEOD



500245229925

03/07/13--01008--017 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: LAFEAR CONSTRUCTION  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:	
John M LAFEAR	
LAFEAR CONSTRUCTION	
1417 Sadler W, # 124	
Fernandina Beach 7L 32034	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
John LAFRAN at (904, 237-2226	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	sed)

### 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

LAFEAR CONSTI	and for 2	'LC
(Name of the Limited Liability Compa (A Florida Limited I		our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>		1
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	=======================================	R
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1419 5.4 Fornardi	Je 10 32034
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Finter	Florida street address
	Enter	
	City	, Florida 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 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** Title **Address** Name MGA William Branett 96305 MARSH HON Rd Fernandina Beach, 7L 32034 Remove 96300 MARS HEN Rd FRED EVOTT MGN Remove Remove Remove Remove

D. If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	, * · ; *	
Dated	3/1	
Duite	1 Alla.	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00