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**PEC 1 0 2013** 

T. HAMPTON

## **COVER LETTER**

Registration Section

TO:

Division of Corpo	rations		
SUBJECT:	JARY CONST	huction LGC	
	Name of Limit	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subr	mitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Matt hew	Mame of Person	
		Name of Person	
		Firm/Company	
	1-1-7		
	$\frac{651}{2}$	3 Ave South	
	St. Petro	SURG FZINIGY City/State and Zip Code WMRGNG	33707
	m L 1 11	City/State and Zip Code	Mara'l (000
	E-mail address: (to	o be used for future annual report notification	on Com
For further information con-	cerning this matter, please ca	all:	
	-		/
_ mathew 1	MORGAN	at (72) 557— Area Code & Daytime Te	684/
Name of P	erson /	Area Code & Daytime Te	lephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	-	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAILIN	G ADDRESS:	STREET/COURIER	ADDRESS:
	on Section of Corporations	Registration Section Division of Corporation	nc
P.O. Box	6327	Clifton Building	
Tallahasse	oe, FL 32314	2661 Executive Center Tallahassee, FL 32301	Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENLVARY CO	istruction.	110			
(Name of the Limited Liabi (A Flori	lity Company as it now appeda Limited Liability Company	ars on our records.)			
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on <u>/</u> 2/5	August 8,2013	_ and as	ssigned	
This amendment is submitted to amend the following	;				
A. If amending name, enter the new name of the l	imited liability company h	e <u>re</u> :	SECRE!	2013 DE(	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Com	pany," the designation "LLo	C'SEE.		iat <del>jon</del>
Enter new principal offices address, if applicable:			<u> </u>	A	
(Principal office address MUST BE A STREET AD	DRESS)		PATE DRIDA	<del>2</del> <del>2</del> <del>2</del>	_
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office a  Name of New Registered Agent:		our records, enter the	pame	of the	new
New Registered Office Address:		nter Florida street addre			
	42		762		
	City	, Florida	Zip Coa	le	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mickey Morgan	6517 3 AVE SOM	Add
		6517 3 Ave Sorth St. Patrobus FZ. 33707	Remove
m6R	Daviel Snith	231 Sunset Drive N.	
		St. Be KNOBURG, 92.33710	Remove
<u> </u>			
			Remove
<del></del>			2014DEC
			2013-DEC - AH 8: 34-3-4-3-5-EE, FLORIDA
			Remove
			Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
	( 1 0 2/ 2012)
Dated	September 26, 2013.
	Signature of a member or authorized representative of a member
	MATThew MORGAN
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

2013 DEC -6 AM 8: 34