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OIZ DEC TO PM 4: 11

J. BRYAN
DEC 1 1 2012

EXAMINER

COVER LETTER

	on Section f Corporations		
SUBJECT:	Jorgensen Contract Servi Name of Limit	ces, L.L.C. ed Liability Company	
	es of Amendment and fee(s) are sub	•	
	, , , , , , , , , , , , , , , , , , ,		
	Do	ouglas W. Selby Name of Person	
	Jorgensen	Contract Services, L.L.(Firm/Company	PILEU 10 PH 4: 18 2012-DEC 10 PH 4: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDI
	P.O. Box	70 / 3735 Buckeystown Pile Address	E JARK GE
	Buckeysto	own, MD 27171 City/State and Zip Code	FLORID
		y@royjorgensen.com o be used for future annual report notificati	V
For further informa	tion concerning this matter, please c	•	on)
	Douglas W. Selby	at (301) 831-1000 Area Code & Daytime Te	elephone Number
Enclosed is a checl	for the following amount:		
□ \$25.00 Filing F	ee XX\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jorgensen Contract S	Services, L.L.C.		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now app. Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on _	03/22/1996	and assigned
Florida document number <u>L9600000364</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company h	nere:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Con	npany," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:		7	
(Principal office address MUST BE A STREET ADD	RESS)		影ら加
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			PH I. 18
B. If amending the registered agent and/or registered agent and/or the new registered office ade		n our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street aa	ldress
		. Florida	
	City	, Fiorida _	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 = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
P <u>reside</u> nt	John S. Jorgensen	3735 Buckeystown Pike	Add
		Buckeystown, MD 21717	XX Remove
P <u>reside</u> nt	Douglas W. Selby	3735 Buckeystown Pike	XX Add
		Buckeystown, MD 21717	Remove
S <u>ecretar</u> y	Donna M. Morgan	3735 Buckeystown Pike	XX Add
		Buckeystown, MD 21717	Remove
		Ann	SEDRETAR ADD Remove
			Remore Remore Add
			Remove
			Add
			Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
•	
-	
•	
•	
•	
:d	December 4th. 2012
	1 destate the second
	Signature of a member or authorized representative of a member
	Douglas W. Selby / President
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARS OF STATE
ARCANASSEE, FLORIDA