

LD6000046050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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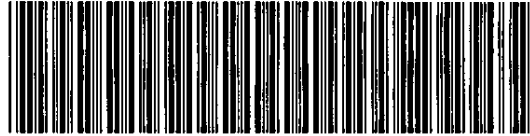
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 3 Rivers Construction Services 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:

Curt McDonald  
Name of Person

3 Rivers Construction Services LLC  
Firm/Company

4215 Snowy Egret Trail  
Address

Orange Park, Florida 32073  
City/State and Zip Code

3riverscs@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Curt McDonald 386 249-2074  
at ( )  
Name of Person 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2015 DEC 10 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3 Rivers Construction Services 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 03 May 2006 and assigned Florida document number L06000046050.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6694 NW 31st Circle

**(Principal office address MUST BE A STREET ADDRESS)**

Jennings, Florida 32053

Enter new mailing address, if applicable:

4215 Snowy Egret Trail

**(Mailing address MAY BE A POST OFFICE BOX)**

Orange Park, Florida 32073

**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:

Curt McDonald

New Registered Office Address:

4215 Snowy Egret Trail

*Enter Florida street address*

Orange Park

*City*

, Florida 32073

*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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Deborah A. McDonald	6694 NW 31st Circle	<input type="checkbox"/> Add
		Jennings, Florida 32053	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Trevor Shaw	3525 Emmaus Road	<input type="checkbox"/> Add
		Valdosta, Georgia 31605	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Jason Rodriguez	1785 Selva Marina Drive	<input checked="" type="checkbox"/> Add
		Atlantic Beach, Florida 32233	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

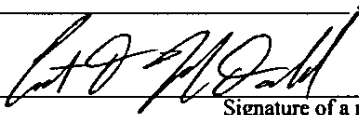
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 8, 2015

  
Signature of a member or authorized representative of a member

Curt D. McDonald  
Typed or printed name of signee