## L0800084350

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## **COVER LETTER**

TO: Registration So Division of Con			
	tallations LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kevin Constance		
		Name of Person	
	<del> </del>	Firm/Company	
	3073 Wallace Lake Road		
		Address	<del> </del>
	Pace, FL 32571		
		City/State and Zip Code	
	patience258@gmail.com		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ea	all:	
Kevin Constance		850 602-5596	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fec	☐ \$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

Sparks Installations LLC			
(Name of the Limited Liability (A Florida L	Company as it now appears of imited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on Septo	mber 4, 2008	and assigned
Florida document number L08000084250			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here		
Aperion Construction LLC			
The new name must be distinguishable and contain the words "Limite	d Liability Company," the desi	gnation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE	<u> </u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre  Name of New Registered Agent:	ss here:		
New Registered Office Address:			
New Registered Office Address.	Enter Floride	street address	
		, Florida	
	City	<del></del> -	Zip Code
New Registered Agent's Signature, if changing Registered /	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of m nt as provided for in Ch	y duties, and I am papter 605, F.S. Or, confirm that the ling in t	familiar with and if this document is mited liability
		FS	<b>≥ D</b>
1	Page 1 of 3	S A	-

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> Type of Action \_□ Add \_□ Remove ☐ Change □ Add □ Remove \_□ Change \_□ Add ☐ Remove ☐ Change \_□ Add □ Remove ☐ Change □ Add ☐ Remove = ⊟வange

rective date, if other than the date of filing:  ellective date, if seed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant  eg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not human's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the elegant day after the record is filed.  December 3  2015  Manual London  Riginature of a member or authorized representative of a member  Kevin L Constance  Typed or priored name of signice  Page 3 of 3  Page 3 of 3  Page 3 of 5		
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Page 3 of 3	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00