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Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	
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TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account: 120210000160: \$25.00 Authorization Signature Sulface Gravitas Construction LLC L14000087879 Business Name #Document Walk in Will wait Certified Copy of the filing Certificate of Status: **NEW FILINGS AMENDMENTS** __ Profit _X_Amendment Not for Profit Resignation of R.A. ____ Change of Registered Agent LLC Revocation of Dissolution Domestication __ Conversion __ INC ___Statement of Authority CORP PLLC Merger REVOCATION OF DISSOLUTION REGISTRATION/QUALIFICATIONS OTHER FILINGS __ Foreign Filing TRANSMITTAL LETTER ____ Partnership Reinstated Articles of Organization Fictitious Name Statement of CORRECTION Statement of Authority ____Domestication of a Foreign Corp_ APOSTIL _ COUNTRY Other

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account: 120210000160: \$25.00 <u> سىل لمى ك</u> <u>Aut</u>horization Signature Gravitas Construction LLC L14000087879 Business Name #Document Will wait Walk in Certified Copy of the filing Certificate of Status: NEW FILINGS <u>AMENDMENTS</u> _X__Amendment ___ Profit Resignation of R.A. Not for Profit ____ Change of Registered Agent LLC Revocation of Dissolution Domestication __ Conversion ___ INC CORP __Statement of Authority PLLC Merger REVOCATION OF DISSOLUTION REGISTRATION/QUALIFICATIONS OTHER FILINGS __ Foreign Filing TRANSMITTAL LETTER ____ Partnership ___ Reinstated Articles of Organization Fictitious Name ____ Statement of CORRECTION ____ Statement of Authority ____Domestication of a Foreign Corp_

COUNTRY

FLORIDA CAPITAL COURIER SERVICES, INC.

2330 CLARE DRIVE

APOSTIL ____

Other

COVER LETTER

TO: Registration Division of C			
SUBJECT: Gra	witas Construction LLC		
	Name of Lim	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	David C	Gonzalez	
		Name of Person	
	Kinsmen R	ealty Company LLC	
		Firm/Company	
	2205 Laud	erdale Cı	
		Address	
	Orlando, F.		
	1 :101:	City/State and Zip Code	
	david@kinsm	to be used for future annual report notification)	
For further information	concerning this matter, please c	·	
David Gonzale	·7.	at (386) 479-1612	
Name	of Person	at (386) 479-1612 Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
₩ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
<u>Mailing Addr</u> Registration		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 63		The Centre of Tallahassee	
Tallahassee	. FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gravitas Construction L	LC	2025 A.	- 25 P!L3:21
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now app a Limited Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited Liability C	ompany were filed on	June 02,2014	and assigned
Florida document number <u>L14000087879</u>	<u>_</u> ,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company	here:	
Kinsmen Realty Company LLC			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," th	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
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 address here:	d office address on ou	r records, <u>enter the na</u>	ıme of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
		, Florida _.	
	City		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 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>	Address	Type of Action
			□Remove
			□Change
 			□ Add
			□ Remove
			□ Remove
			□Change
			□Add
			□Remove
			□Change
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an effective date ote: If the dat	f other than the date of filing: s listed, the date must be specific and ca inserted in this block does not mee	unnot be prior to date of filing the the applicable statutor		ling.) Pursuant to 605.0207
ocument's effe	tive date on the Department of Stat	e's records.		
record specific	a delayed effective date, but not an	effective time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
ated Augu	st 24th	2015.		
	Alm A			
	Signature of a hogh	mber or authorized represe	ntative of a member	

Filing Fee: \$25.00