## 114000114410

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## **COVER LETTER**

	istration Section sion of Corporations	
C110 167*	SMC Construction Group, LLC	
SUBJEC	Name of Limited Liability Company	-
The enclo	Articles of Amendment and fee(s) are submitted for filing.	) भिष्णा स
Please reti	all correspondence concerning this matter to the following:	
	Ben Burkett	
	Name of Person	<del></del>
	SMC Construction Group, LLC	
	Firm/Company	_
	1126 S. Division Avenue	
	Address	_
	Orlando, FL 32805	
	City/State and Zip Code ben@smcconstructiongroup.com	_
	E-mail address: (to be used for future annual report notification)	-
For furthe	formation concerning this matter, please call:	
Ben Burk	407 730-5077	
	at () Name of Person	ber
Enclosed	check for the following amount:	
\$25.00	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, icate of Status & led Copy and 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

SMC Construction Group, LLC					
(Name of the Limit	ted Liability Compa (A Florida Limited l	ny as it now appears on our re Liability Company)	<u>cords.</u> )		<del></del>
The Articles of Organization for this Limited L Florida document number $\frac{L14000114410}{L14000114410}$	iability Company	were filed on July 21, 2014			and assigned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designation "	LLC" or th	ie abbrev	iation "L.L.C."
Enter new principal offices address, if applic	able:	1126 S. Division Avenue			
(Principal office address MUST BE A STREE	TADDRESS)	Orlando, FL 32805		. * ————	=1
Enter new mailing address, if applicable:		1126 S. Division Avenue Orlando, FL 32805		7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	04 700
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and	or registered of	ffice address on our rec	ords, <u>en</u>	٠.	name of the n
registered agent and/or the new registered o	ffice address her	<u>e</u> :			
Name of New Registered Agent:	Kevin Burkett				_
New Registered Office Address:	1126 S. Division Avenue				
		Enter Florida street ac		2000	
	Orlando	City	, Florida		Lip 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 **Type of Action Title** <u>Name</u> <u>Address</u> \_ Add \_□ Remove \_□ Change \_□ Add \_□ Remove \_ Change CT longe Change \_□ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change

Effective date, if other than the date of filing:  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 605.0 (weig: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records.  Be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. The 90th day after the record is filed.  October 4  2017			
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	1/15/		

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Typed or printed name of signee

Filing Fee: \$25.00