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SECRETARY OF STATE

K. SALY JAN 1 9 2017

	C	OVER LETTER	
TO: Registration Section Division of Corporation	ns		
SUBJECT: Michae	Name of Limite	hechenus do	construction LC.
The enclosed Articles of Amend	ment and fee(s) are subm	itted for filing.	
Please return all correspondence	concerning this matter to	the following:	
<u></u>	Michael	Mechtenux Name of Person	ud
М	ichael Tho	mas hochtenu Firm/Company	at construction we
	8206 Pe	Address N	<u>. </u>
7	xt hich	City/State and Zip Code	Le8.
	MTN315 E-mail address: (to	be used for Juture annual report notif	Confication)
For further information concerni	ng this matter, please call	l:	
Michael hec	intenuxid.	at (813) 313 Area Code Daytim	C197. e Telephone Number
Enclosed is a check for the follo	wing amount:		
	30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Michael Thomas Rechterwald Constructionus (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 v	were filed on 8/28/2014	and assigned
Florida document number <u>L/4000135331</u> .	7 7	
This amendment is submitted to amend the following:		强星石
A. If amending name, enter the new name of the limited liabil	ity company here:	- TO
Hardcore Construction	LIC.	rio de
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abb	reviation LLC.
Enter new principal offices address, if applicable:	5201e Penwow	I Dan
(Principal office address MUST BE A STREET ADDRESS)	POH Richely R	. 346lex
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	7:- C-1-
	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 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= M AMBR= A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00