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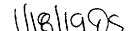
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COVER LETTER

TO:	Registration S Division of Co					
SUBJE		NA CONTRACTING, LLC				
SOBJE	ui	Name of Limited Liability Company				
The encl	losed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all corresp	ondence concerning this matter	to the following:			
		DANIEL JOHNS				
			Name of Person			
			Firm/Company			
		3439 LARKSPUR CIR				
			Address	三型 碧 7		
		MARIANNA, FL 32446		TALLAHASSI TALLAHASSI		
		galadee2000@gmail.com	City/State and Zip Code	SSEE A C		
E 8 .1			to be used for future annual report notific	cation)		
		concerning this matter, please c	ан:	ලි ල ගි		
DANIE	L JOHNS		229 507-3135 at ()			
	Name	of Person	Area Code Daytime	Telephone Number		
Enclosed	d is a check for t	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)		
		ING ADDRESS:	STREET/COURIE Registration Section			

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAN TANA CONTRACTING LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ited Liability Company))
The Articles of Organization for this Limited Liability Comp	eany were filed on 08/29/2016	and assigned
Florida document number L16000162156		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	liability Company." the designation—Li.C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	·
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Enter new mailing address, if applicable:		2 2
Mailing address MAY BE A POST OFFICE BOX)		388
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		<u> 字。 </u>
3. If amending the registered agent and/or registered	d office address on our records,	enter the name of the
 If amending the registered agent and/or registered egistered agent and/or the new registered office address 	here:	हें थी
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City , FIOT	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	RAYMOND L DAUGHERTY	10439 ALEX DR. FOUNTAIN, FL 32438	∃ Add
			□ Remove
			Change
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ective date, if other than the d	JA	NUARY 11, 20	119	(optional)		
n effective date is listed, the date must be te: If the date inserted in this blockument's effective date on the Dep	e specific and canno k does not meet th	he applicable st	of filing or more that atutory filing requi	n 90 days after filing	.) Pursuant to	o 605.020 e listed a
record specifies a delayed of the 90th day after the recor		but not an e	effective time,	at 12:01 a.m.	on the e	arlier c
ed	20	19				
- Consider	Johns		epresentative of a me			_

Page 3 of 3

Filing Fee: \$25.00