L19000185246

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C. BRUMBLEY

COVER LETTER

TO:	Registration Sec Division of Corp					
		ONSTRUCTION SOLUTION	NS LLC			
SUBJE		Name of Lim	ited Liability Company			
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
		ndence concerning this matter				
ļ	 	SCOTT TURNER				
	i		Name of Person			
•	I	TURNER CONSTRUCTION	ON SOLUTIONS LLC			
1		Firm/Company				
3351 FURLONG WAY						
	i	Address				
	;	GOTHA, FL 34734				
	1		City/State and Zip Code			
<u> </u>		E-mail address: (to be used for future annual report not	ification)		
For furt	her information co	oncerning this matter, please co	all:			
SCOT	TURNER		407 453-0682 at ()			
j	Name of	Person		ne Telephone Number		
Enclo șe	d is a check for th	e 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)		
	MAIL	NG ADDRESS:	STREET/COUR	IER ADDRESS:		
	Registra	ation Section	Registration Section	on		
	Divisio P.O. Bo	n of Corporations ox 6327	Division of Corpo Clifton Building			
+ !	Tallaha	ssee, FL 32314	2661 Executive C Tallahassee, FL 3			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TURNER CONSTRUCTION SOLU	JTIONS LLC					
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears (Liability Company)	on our records.)			
The Articles of Organization for this Limited Lia	ability Company	were filed on 07/18	3/2019	and	l assigne	d
Florida document number L19000185246	 ·					
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here	<u>:</u> :			
83 CONSTRUCTION LLC				(·*	~	
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the desi	gnation "LLC" or the			
Enternew principal offices address, if applica	able:	N/A		·_·		1
(Principal office address MUST BE A STREE		N/A		:	26	
1!	···	N/A		ine.	A I	77
ı					<u> </u>	フ
Enter new mailing address, if applicable:		N/A		, ^ .		
(Mailing address MAY BE A POST OFFICE I	BOX)	N/A				8
		N/A				
B. If amending the registered agent and/or the new registered of Name of New Registered Agent:			our records, <u>ent</u>	er the na	me of t	<u>hе пе</u>
New Registered Office Address:	N/A					
New Registered Office Address.		Enter Florida street address				
1	N/A	_	, Florida	N/A		
14:		City		Zip C	ode	
New Registered Agent's Signature, if changing B	<u>legistered Agent:</u>					
I hereby accept the appointment as registered provisions of all statutes relative to the prope	d agent and agr er and complete	ree to act in this ca performance of m	pacity. I further only duties, and I ar	agree to c m familiar	omply w with an	ith th id

If Changing Registered Agent, Signature of New Registered Agent

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:

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			Change
			Remove
			Change
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ective date, if other than the	e date of filing:	prior to date of filing or more th	optional)	uunt ta 605 026
e: If the date inserted in this	block does not meet the ap	plicable statutory filing req	uirements, this date will r	not be listed a
ument's effective date on the	Department of State's reco	ords.		
record specifies a delaye	ed effective date hut	not an effective time	. at 12:01 a.m. on th	ne earlier (
he 90th day after the re	cord is filed.	. Hot all alleative time.		
i	2021			
October 20				
1		(by		
·	Signature of a member or	authorized representative of a	nember	
	-	/		

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Filing Fee: \$25.00