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(Re	questor's Name)	
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COVER LETTER

TO: Registration So Division of Ço			
Three Oak: SUBJECT:*	s Construction LLC		
SUBJECT.	Name of Lim	ited Liability Company	, _ _
	Amendment and fee(s) are sub	-	
	Douglas Ryan Porterfield		
		Name of Person	
	Three Oaks Construction L	LC	
		Firm/Company	
	30904 Saint Joe Rd.		
		Address	
	Dade City, Fl. 33525		
	Ryanporterfield@outlook.co	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Douglas Ryan Porterfiel	d	904 386-8407	
Name c	of Person	at ()	Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Three Oaks Construction LLC (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 were filed on 09/09/2020 and assigned Florida document number $^{1.20000280688}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation LLC. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Floxida street address Florida City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Douglas Ryan Porterfield	30904 Saint Joe Rd.	≡ Add
		Dade City, Fl. 33525	
		☐ Change	
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E. Effective date, if other than the date (If an effective date is listed, the date must be sports). If the date inserted in this block d	ides not meet the applicable	ate of filing or more than 90 c statutory filing requireme	_ (optional) lays after filing.) Pursuant to 605,0207 (ents, this date will not be listed as t
document's effective date on the Departr	ment of State's records.		
If the record specifies a delayed effective date record is filed.	z, but not an effective time,	at 12:01 a.m. on the early	er of: (b) The 90th day after the
Dated September 22nd	2020		
	7 7		

Filing Fee: \$25.00

Typed or printed name of signee