

M09000003412

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KITSON & PARTNERS ASSET MANAGEMENT, LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$60.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 NOV - 7 AM 11: 55

FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: KITSON & PARTNERS ASSET MANAGEMENT, LLC

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAYBE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M09000003412

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: August 31, 2009

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: (must contain "Limited Liability Company," "L.L.C.," or "LLC.")

KITSON & PARTNERS CONSTRUCTION MANAGEMENT, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

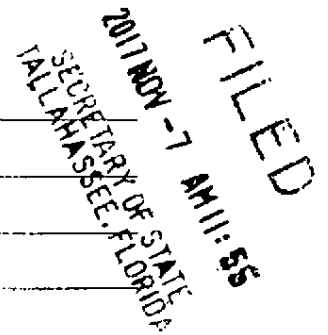
Name of New Registered Agent:

New Registered Office Address: Enter Florida Street Address

City, Florida 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



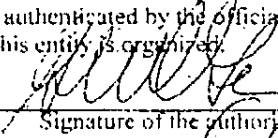
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Glenn C. Geiger

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "KITSON & PARTNERS ASSET MANAGEMENT, LLC". CHANGING ITS NAME FROM "KITSON & PARTNERS ASSET MANAGEMENT, LLC" TO "KITSON & PARTNERS CONSTRUCTION MANAGEMENT, LLC", FILED IN THIS OFFICE ON THE SEVENTH DAY OF NOVEMBER, A.D. 2017, AT 11:37 O'CLOCK A.M.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20176967309

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State of Delaware
Secretary of State
Division of Corporations
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TALLAHASSEE, FLORIDA

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
KITSON & PARTNERS ASSET MANAGEMENT, LLC.**

It is hereby certified that:

1. The name of the limited liability company is **KITSON & PARTNERS ASSET MANAGEMENT, LLC** (hereinafter called the "Company"). The filing date of the Certificate of Formation was January 8, 2009,

2. Pursuant to the Delaware Limited Liability Company Act, the Certificate of Formation of the Company is hereby amended as follows:

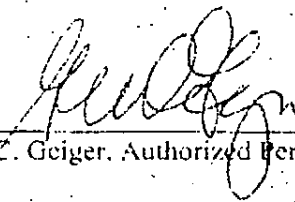
3. Article 1. of the Certificate of Formation of the Company is hereby deleted in its entirety and the following text is inserted in lieu thereof:

"1. The name of the limited liability company is **KITSON & PARTNERS CONSTRUCTION MANAGEMENT, LLC** (the "Company")."

4. Except as hereby amended, the Certificate of Formation of the Company shall remain unchanged.

5. This amendment shall be effective as of the date of filing of this Certificate of Amendment.

Executed on this 1st day of November, 2017.



Glenn C. Geiger, Authorized Person.