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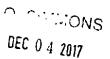
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COVER LETTER

Koko Head, Esq. Name of Person		gistration Sec ision of Corp					
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Koko Head, Esq. Name of Person Law Office of Koko Head, P.A. Firm/Company 7077 Bonneval Road, Suite 400 Address Jacksonville, FL 32216 City/State and Zip Code koko@kokoheadlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Koko Head, Esq. 904 535-0642	ammar	A TOP NOT	TCH CONSTRUCTION, LLC				
Name of Person Law Office of Koko Head, P.A. Firm/Company 7077 Bonneval Road, Suite 400 Address Jacksonville, FL 32216 City/State and Zip Code koko@kokoheadlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Koko Head, Esq. 904 535-0642	SUBJECT;		Name of Lim	ited Liability Company			
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		Name of	Person		time Felephone Number		
Enclosed is a check for the following amount:	Enclosed is a	check for the	e following amount:				
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TO:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A TOP NOTCH CONSTRUCTION, LL		
(Name of the Limited Li (A F)	ability Company as it now appears on ou orida Limited Liability Company)	and assigned
The Articles of Organization for this Limited Liabili	ty Company were filed on 11/29/04	and assigned
Florida document number L04000085967	 -	至(
This amendment is submitted to amend the following	ā:	7: 20
A. If amending name, enter the new name of the	limited liability company here:	i
The new name must be distinguishable and contain the words	Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AI	ODRESS)	
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
_		, Florida
	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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Stephanie Platt	571 Deerfield Rd.	= Add
		St. Augustine, FL 32095	□ Remove
			Change
MGR	Richard L. Whiting	5930 CR 2095.	 Add
	10% of Carreny	5930 CR 2095. GreenlaxSprings FL 32043	□ Remove
			Change
AMBR	Baldo Short		Add Remove (
)		Remove
			Change
	* C-2 12 12 17		2: 20 Add
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iote:	ve date, if other than the date of filing: (optional) retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
ated _	11/16/17
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00