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SECRETARY OF STATE TALLAHASSEE. FLORIDA

COVER LETTER

| TO: | | ration Secon of Corp | | | | |
|-------------|------------|---------------------------------|---|---|--|---|
| SUBJE | | LORIDA I | DEMOLITION AND CONSTR | RUCTION LLC | | |
| SUDJE | .C1: | | Name of Limi | ted Liability Company | | <u>.</u> |
| | | | | | | |
| The end | closed A | rticles of A | Amendment and fee(s) are sub- | nitted for filing. | | |
| Please 1 | return al | l correspoi | ndence concerning this matter t | o the following: | | |
| | | | TOMY GMEINDER | | | |
| | | | | Name of Person | | |
| | | | | Firm/Company | | |
| | | | 26315 83RD AVENUE WE | EST | | |
| | | | | Address | | |
| | | | MYAKKA CITY, FL 3425 | 51 | | |
| | | | | City/State and Zip C | ode | |
| | | | tonygmeinderine@aol.com | | | |
| For furt | ther info | rmation co | E-mail address: (to oncerning this matter, please ca | | nual report notification) | |
| | PFINGS | | | 941 | 750-6800 | |
| | | Name of | Dancon | at (|) | - North |
| | | Name of | reison | Area Code | Daytime Telepho | ne Number |
| Enclose | ed is a ch | neck for the | e following amount: | | | |
| \$25 | 5.00 Filir | ng Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing F Certified Cop (additional copy i | У | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | Registra Division P.O. Bo | NG ADDRESS: ation Section to of Corporations to 6327 ssee, FL 32314 | Regi Divis Clifti 2661 | EET/COURIER ADI stration Section sion of Corporations on Building Executive Center Circ thassee, FL 32301 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA DEMOLITION AND CONSTRUCTION LLC

| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our records.) Liability Company) |
|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000118468}{L16000118468}$ | were filed on 8/16/2016 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | pility company here: |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | TAYS |
| (Principal office address MUST BE A STREET ADDRESS) | TE LER |
| | |
| Enter new mailing address, if applicable: | 15 E. S. |
| (Mailing address MAY BE A POST OFFICE BOX) | 7: 29 |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: | |
| | |
| New Registered Office Address: | Enter Florida street address |
| _ | , Florida |
| N B | City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is |
| If Cha | nging Registered Agent, <u>Signature of New Registered Agent</u> |

| If amending Authorized Person(s) authorized to manage, enter of removed from our records: | | o manage, <u>enter the title, name, and ad</u> | the title, name, and address of each person being added | | |
|---|-------------------------------|--|---|--|--|
| MGR = A $AMBR = A$ | vlanager Authorized Member | | | | |
| Title | <u>Name</u> | Address | Type of Action | | |
| MBR | CONNOR GAMSO | 5400 26TH STREET WEST #B21 | ■ Add | | |
| | | BRADENTON, FL 34207 | □ Remove | | |
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| ffect | ive date, if other than the date of filing: | | |
| <u>lote:</u> | Sective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursually the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be a second or section of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be a second or section of the date inserted in this block does not meet the applicable statutory filing requirements. | int to 605,020 of be listed a | s the |
| ocun | nent's effective date on the Department of State's records. | | |
| e re | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the | e earlier c | of · |
| The | 90th day after the record is filed. | e carrier e | , |
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| ated | [clowary 611 . 2018. | | |
| | | | |
| | Signature of a member or authorized representative of a member | | |
| | TONY GMEINDER | | |
| | Typed or printed name of signee | | |

Page 3 of 3

Filing Fee: \$25.00