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(Red	juestor's Name)	
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D. SCOTT JUL 1 8 2017

COVER LETTER

TO:

Registration Section

Divi	ision of Cor	porations		
Other Car		instruction LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		David J Allgyer		
			Name of Person	
		Allgyer Construction LLC		
			Firm/Company	
		2920 Keck Rd		
			Address	
		Molino, FL 32577		
		allgyerconst@gmail.com	City/State and Zip Code	
		- '	to be used for future annual report notificati	ion)
For further in	formation c	oncerning this matter, please ca	all:	
David J Allg	yer		850 712-4035	
	Name o	f Person	Area Code Daytime Tel	lephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 Fi	iling 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)
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Allgyer Construction LLC		
(Name of the Limited Liability Company a (A Florida Limited Liab	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company we Florida document number 1.00000010052	re filed on August 22, 2000	and assigned
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 C	Company," the designation "LLC" or the abb	reviation "L.L.C."
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 registered agent and/or the new registered office address here:	address on our records, enter t	he name of the nev
Name of New Registered Agent:		
New Registered Office Address:	;,	,
	Enter Florida street address Florida City	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per		

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Glen B Allgyer	2920 Keck Rd Molino, Fl. 32577	⊟ Add
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Filing Fee: \$25.00