# 20500021508

| (Requestor's Name)                                  |        |
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SECRETARY OF STATE

\* SALY

## COVER LETTER Registration Section TO: Division of Corporations SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) age submitted for filing. Please return all correspondence concerning this inatter to the following: Paule A JACGUES Name of Person Construction Croup LC Firm/Company 30 × 220058 City/State and Zip Code Paule a facques e lahoo Com E-mail address: (to boused for future annual report politication) For further information concerning this matter, please call;

#### MAILING ADDRESS:

☐ \$30.00 Filing Fee &

Certificate of Statu

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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

#### ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### STREET/COURIER ADDRESS:

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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| AKI   | OF   | 2017.NOV 27  |
|---|--|--|
| 95  | CONSTRUCTION GROUP   | 2017 MOV 27 PH 3 00  SECRETARY OF STATE  COORDS.)  SECRETARY OF STATE  COORDS. |
| ( <u>Name of the Lim</u>  | ted Liability Company as it now appears on our r<br>(A Florida Limited Liability Company)  | ecords.)   |
| The Articles of Organization for this Limited L   | iability Company were filed on $3/3/$  | 2005 and assigned  |
| Florida document number <u>L 05 00</u>  | 0021508 ' '  |  |
| This amendment is submitted to amend the fol  | owing:   |  |
| A. If amending name, <u>enter the new name o</u>  | the limited liability company here:  |  |
| The new name must be distinguishable and contain the  | ords "Limited Liability Company." the designation  | "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if appli   | able:  |  |
| (Principal office address MUST BE A STREE   | T ADDRESS)   |  |
| Enter new mailing address, if applicable:   |  |  |
| (Mailing address MAY BE A POST OFFICE   | <u>BOX)</u>  |  |
|   |  |  |
| B. If amending the registered agent and registered agent and/or the new registered o  |  | cords, enter the name of the new   |
| Name of New Registered Agent:   |  |  |
| New Registered Office Address:  |  |  |
|   | Enter Florida street d   |  |
|   |  | _, Florida<br>Zip Code   |
| New Registered Agent's Signature, if changing   | R <b>e</b> gistered Agent:   |  |
| I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this | er and complete performance of my dutic<br>stered agent as provided for in Chapter<br>registered office address, I hereby confir | es, and I am familiar with and 605, F.S. Or, if this document is               |

If Changing Registered Agent, Signature of New Registered Agent

|   |                         | Authorized Person(s) authoriz<br>om our records: | ed to mana       | ge, <u>enter the title, name, and address of ea</u> | ach person being added |
|---|-------------------------|--|------------------|---|------------------------|
|   | MGR = Mar<br>AMBR = Aut | nager<br>horized Member                          |                  |   |                        |
|   | <u>Title</u>            | <u>Name</u>                                      |                  | Address   | Type of Action         |
| 7 | MBR                     | Zbigniew Je                                      | Z1615K1          | POBOX 220058<br>140114 WOOD FC 33022                | PAdd                   |
|   |                         |  |                  |   | □ Remove               |
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| D. If amending any other information, enter ch  | range(s) here: (Attach additional sheets, if necessary.)   |
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| E. Effective date, if other than the date of filing (If an effective date is listed, the date must be specific and Note: If the date inserted in this block does not document's effective date on the Department of S | cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) neet the applicable statutory filing requirements, this date will not be listed as the |
|   |  |
| If the record specifies a delayed effective (b) The 90th day after the record is filed.   | ate, but not an effective time, at 12:01 a.m. on the earlier of:   |
| Dated November 20   | <u>2011</u> .  |
|   | poulefues  |
| Signature of an   | hember or authorized representative of a member  |
|   | Typed or printed name of signee  Typed or printed name of signee   |
|   | · · · · · · · · · · · · · · · · · · ·  |
|   | Page 3 of 3  |
|   | Filing Fee: \$25.00  |