1060000 73045

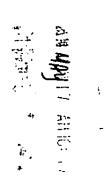
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



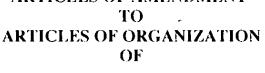
600329423066

05/17/19--01017--013 *+25.00



Crichethe

ARTICLES OF AMENDMENT TO OF



(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears on ou I Liability Company)	r records.)		
The Articles of Organization for this Limited I Florida document number L06000073045		y were filed on	and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited lia	bility company here:			
n/a					
The new name must be distinguishable and contain the	words "Limited Liab	bility Company," the designati	on "L.L.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		n/a			
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		n/a			
B. If amending the registered agent and registered agent and/or the new registered of	office address he		records, enter the name of the nev		
Name of New Registered Agent:	n/a 				
New Registered Office Address:	n/a				
		Enter Florida street address			
	n/a		Florida		
		City	Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

T. SALEM CONSTRUCTION, LLC

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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Terrill L. Salem Sr.		
		2080 30th St Sarasota, Florida 34234	Remove
			☐ Change
MGRM	Terrill L. Salem	2080 30th St Sarasota, Florida 34234	■ Add
			☐ Remove
			☐ Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			Change
		·····	☐ Remove
			□ Change

									
		.,							
						· · ·			
							-		
								- -	
									
	-								
									•••
						···			
									
i effectiv <u>te:</u> If th	re date is listed, he date inserte	r than the da the date must be ed in this block te on the Depa	specific and does not m	cannot be princet the app	ior to date of licable statu	filing or more t tory filing rec	ian 90 days af	tional) ter filing.) Purs his date will r	uant to 605.02 not be listed
		a delayed e r the record		ate, but i	not an eff	ective time	, at 12:01	a.m. on t	he earlier
ed	MAY.	15 m	<u>.</u> //	201	<u> </u>	/			
	-	/ -			A /	/			

Page 3 of 3

Filing Fee: \$25.00