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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number

: (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIREWATCH CONTRACTING OF FLORIDA LLC

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T. LEWIEUX 1 4Y 0 1 2024

(i)

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Firewatch Contracting of Florida LLC			
(Name of the Limited Liability (A Florida Li	Company as it now appears (mited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L06000106459</u>	ipany were filed on Li/0	1/2006	andassigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here	: :	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the desi	gnation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:	 	<u> </u>	
(Principal office address MUST BE A STREET ADDRES	<u> </u>		2::
			==" ==================================
Enter new mailing address, if applicable:			:: :::::::::::::::::::::::::::::::::::
(Mailing address MAY BE A POST OFFICE BOX)	··	 	FI
maning names, more to 1917 (3) Of the total	 		<u>င့်</u>
			20
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	ffice address on our rec	ords, <u>enter the name o</u>	f the new registere
New Registered Office Address:	Enter Floride	a street address	
		. Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered A	vgent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete performance of m nt as provided for in Ch	ry duties, and I am fam apter 605, F.S. Or, if t	iliar with and his document is
ï	lf Changing Registered Agen	t, Signature of New Registe	red 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

To:

Title	<u>Name</u>	<u>Address</u>	Type of Action
Manager	Melvin E Lowe	2620 W. Kennedy Blvd.	□Add
		Твтра, FL 33609	■Remove
			□ Change
Man.meb	Michele Lacrosse	17515 Spring View Drive	⊠Add
		Athens, AL 35611	□Remove
			Change
Member	Shawa M. Tedesco	6768 Gates Mills Blvd.	■Add
		Gates Mills, OII 44040	□Remove
			Change
	-		□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Change

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Typed or printed name of signee

To:

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