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COVER LETTER

	gistration Se vision of Cor				
CUR INCO	BUTTERF	IELD & MITCHELL CONST	RUCTION LLC		
SUBJECT:		Name of Lin	nited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	n all correspo	ondence concerning this matter	to the following:		
		TYRONE BUTTERFIELD	D		
			Name of Person		
			HELL CONSTRUCTION LLC		
			Firm Company		
		5182 MOORE ST			
			Address		
		ST. CLOUD, FLORIDA 3	14771		
			City/State and Zip Code		
		BAMCONSTRUCTION22			
For further i	nformation c	F-mail address: t concerning this matter, please c	to be used for future annual report no all:	ntication)	
	BUTTERFIE	•	407 860-5902		
	Name o	í Person	at () Area Code Daytii	ne Telephone Number	
Enclosed is	a check for th	ne following amount:			
₿ \$25,00	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	LJ \$55.00 Filing Fee & Certified Copy (additional cop) to note oil)	1 S60.00 Filing Fee. Certificate of Status & Certified Copy cadditional copy is enclosed)	
	iling Addres		Street Address:	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.0	D. Box 632	.7	The Centre of	Tallahassee	
Ta	llahassee, l	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

West in the state of the state

BUTTERFIELD & MITCHELL CONST	FRUCTION ELC	-
(Name of the Limited Li (A/F)	ubility Company as it now appears on our record forda Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liabili Florida document number 1.07000047234	ity Company were filed on 05'03 2007	and assigned
This amendment is submitted to amend the followin	g:	
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 Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OF FICE BOX	<u></u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	·v
	Fi	orida
-	City	Zip Code

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

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.

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

Title	<u>Name</u>	Address	Type of Action
MGRM	CEDRIC J MITCHELL	6327 SW 33RD ST	
		MIRAMAR, EL ORIDA 31023	
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Effective date, if other than the date of filing:		<u>-</u>				
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory firing requirements, this date will not be listed as to document's effective date on the Depth ment of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the right is filed.						
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		date, but not an effec	tive time, at 12:0	Lam, on the earlier	of: (b) The 90th day	after the
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Signature of a member or authorized representative of a member			Hersinds			
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Filing Fee: \$25.00