## L08000018325

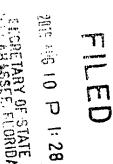
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**S Warren** AUG 1 1 2016

## COVER LETTER

	Registration Sec Division of Corp		<b>)</b>	
SUBJEC		uction		
		) Name of Li	Name of Person  On LL  Firm/Company  Ve  Address  B  City/State and Zip Code  Address:  (to be used for future abrual report notification)  please call:  727 608-6575 Z 44 37 5 0  Area Code  Daytime Telephone Number  Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)	
The enclo	sed Articles of A	mendment and fee(s) are su	bmitted for filing.	
Please ret	urn all correspon	dence concerning this matte	er to the following:	
		Jim Sofos		
		:	Name of Person	
		Sofos Construction LL		
	Division of Corporations  Sofos Construction  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  se return all correspondence concerning this matter to the following:  Jim Sofos  Name of Person  Sofos Construction LL  Firm/Company  1907 Leafland Ave  Address  Dunedin FI 34698  City/State and Zip Code  Jim Sofos			
		1907 Leafland Ave		
		;	Address	
		Dunedin Fl 34698		
		Tim	City/State and Zip Code	
		E-mail address	to be used for future aurual report notific	cation)
For furthe	er information co	ncerning this matter, please	call:	
Jim Sofo	s	, i	727 <del>608-657</del> 5 Z	-44-3750
Name of Person		Person		Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	0 Filing Fee		Certified Copy	Certificate of Status &

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sofos Construction LLC		
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 04/18/2014 and ass	signed
Florida document number L08000018325	<sup>*</sup>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	uited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L	.L.C."
Enter new principal offices address, if applicable:	9-1-1-1 (SP)	And the second s
(Principal office address MUST BE A STREET ADD)	RESS)	All America.
	98 a	<del></del>
	0 B	[1]
Enter new mailing address, if applicable:	List -	
(Mailing address MAY BE A POST OFFICE BOX)	RIP 28	
i	<b>P</b>	
i		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name dress here:	of the nev
·		
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
Atom Augististic Onjoy Address.	Enter Florida street address	<del></del>
j	, Florida	
	City Zin Code	<del></del> ,

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 Changing Registered Agent, Signature of New Registered 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	Membe	r

<u>Title</u>	<u>Name</u>	i	Address	Type of Action
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