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(Ac	ddress)	····		
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DEPARTICHE OF STATE
DIVISION OF CORPURATIONS
TALLAHASSEE. FLORIDA

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation			4			
SUBJECT: Sum	ter Constructio (Name of Limi	N & Designs LLC ted Liability Company)				
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.				
Please return all correspond	lence concerning this matter	to the following:				
	Jere	Mame of Person)				
	Sumter (Construction of Designs (Firm/Company)	s LLC			
1779 Hwy 471 \$ (Address)						
	Suntervill	(City/State and Zip Code)				
For further information concerning this matter, please call:						
Jereny (Name of	Liphan Person)	at (352) 303 - 646 (Area Code & Daytime To	elephone Number)			
Enclosed is a check for the following amount:						
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

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**

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on March 6 2008 and assign	ned
Florida document number <u>LO8000023937</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abb "L.L.C."	reviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
SECRETARILLARI	************
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u>m</u>
B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:	
Name of New Registered Agent: Jeremy Palmer Liphan	
Name of New Registered Agent: New Registered Office Address: 1779 Hwy 471 (Enter Florida street address) Surferville, Florida 33585 (City) (Zip Code)	
Sunterville Florida 33585	
(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 608, 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 Charging Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	James Dyess	1779 Hwy 471 Sumbruille, Fl. 33585	Add G Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	;		Add Remove
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			OB MAY 23 AM SECRETARY OF TALLAHASSEE, F.
Dated			AM 8: 16 OF STATE E. FLORIDA
		r or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00