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EXAMINER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration S Division of Co	orporations				
SUBJECT:		an Construction, LLC ted Liability Company			
	V.W.V. 5				
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
		Jamie			
		Name of Person			
	ŀ	Harvin & Harvin, LLP Firm/Company			
	900 E	900 E. Ocean Blvd. Ste 210-B			
		Address			
		Stuart, FL 34994 City/State and Zip Code			TITO
	jgialla F-mail address: (nzo@harvinpinnock.com to be used for future annual report notific	ration)		L
For further information	concerning this matter, please of	•	,	2: 35 STATE LORID	i.
v	Ves Harvin, II	at (772) 2	286-3630		
Name	of Person	Area Code & Daytime	Telephone 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)	Certified	te of Status &)
MAI	LING ADDRESS:	STREET/COURIE	CR ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Native Ame	rican Construction,	LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability (May 7, 2008	and assigned		
Florida document number L08000045964	·			
Γhis amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the wo'L.L.C."	ords "Limited Liability Comp	any," the designation "I	LLC" or the abbrevi	ation
Enter new principal offices address, if applicable:			7 <u>20 10</u>	
Principal office address MUST BE A STREET ADD	RESS)	,		
				<u></u>
•			9	-
Enter new mailing address, if applicable:		, c		1
(Mailing address MAY BE A POST OFFICE BOX)		Ç	S No C	7
manng address mill be ill out of live bony		i.	25 25 25 35	_
B. If amending the registered agent and/or regis		our records, enter t	the name of the	new
registered agent and/or the new registered office add	<u>lress here</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
The Hoggston of the Hadisas.	Ei	nter Florida street ada	Iress	
		, Florida		
	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 Changing 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</u> or Managing Member being added or removed from <u>our records</u>:

MGR = Manager

4.

MGRM = Managing Member **Type of Action** Title Title **Address** <u>Name</u> VΡ **David Brooks** 9000 Burma Rd., Ste 101 ✓ Add Palm Beach Gardens, FL33403 Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated May 18 e of a member or authorized representative of a member Wes Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00