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| Certified Copies            | Cortificator          | of Statue      |
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| Special Instructions to Fil | ina Officer:          |                |
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**EXAMINER** 

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Core Contracting & Duelognest UC (Name of Limited Liability Company)   |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:   |
| Any L Yesbix (Name of Person)  Core Contracting: Development, UC (Firm/Company)   |
| 10535 NW 3642 Lane (Address)  |
| Crainesville, FC 32606<br>(City/State and Zip Code)   |
| For further information concerning this matter, please call:  |
| Any Yeshix  (Name of Person)  at (382) 258-2357  (Area Code & Daytime Telephone Number)  SR  SR  SR  SR  SR  SR  SR  SR  SR  S  |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee \$\times \text{Solution}\$\$\$ \$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$\$ \$Certificate of Status \$Certified Copy (additional copy is enclosed) \$\text{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

| Core Contracting & Devel  | J. trango                              | <u>u</u>   |                  | · · · · · · · · · · · · · · · · · · ·                               |          |   |
|---|--|------------|------------------|---|----------|---|
| (Name of the Limited Liability Compa<br>(A Florida Limited L  | ny as it now appe<br>liability Company | ars on ou  | <u>r recoras</u> | <u>.</u> )  |          |   |
| The Articles of Organization for this Limited Liability Company   | were filed on                          | 8/29       | 1/201            | 2 <b>%</b> and a  | ıssigne  | ed  |
| Florida document number <u>L08000082952</u> .   |  |            |                  |   |          |   |
| This amendment is submitted to amend the following:   |  |            |                  |   |          |   |
| A. If amending name, enter the new name of the limited liab   | ility company h                        | ere:       |                  |   |          |   |
| The new name must be distinguishable and end with the words "Limi"L.L.C."   | ted Liability Com                      | pany," the | designati        | on "LLC" or the   | e abbre  | <br>eviation  |
| Enter new principal offices address, if applicable:   | 10535<br>Gaines                        | nu         | 364              | Lane  |          | <del></del>   |
| (Principal office address MUST BE A STREET ADDRESS)   | Gaines                                 | ville      | Fr.              | 32606   | <b></b>  |   |
|   |  |            | <u> </u>         | <del> </del>  | 2909     |   |
| Enter new mailing address, if applicable:   |  |            |                  | AHA   |          | المراد ا |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |            |                  | 25.5<br>1.5<br>1.5<br>1.5<br>1.5<br>1.5<br>1.5<br>1.5<br>1.5<br>1.5 | ယ်       | <u>:</u>  |
|   |  |            |                  |   | <b>=</b> | 4 b d   |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here |  | our rec    | ords, <u>en</u>  | ter the name  | ot th    | e new   |
| Name of New Registered Agent:   |  | ,          |                  |   |          |   |
| New Registered Office Address:  | (1                                     | Enter Flo  | rida stred       | et address)   |          | —   |
|   |  |            | , Florid         | a   |          |   |
|   | (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</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

<u>Title</u> Name 1 <u>Address</u> **Type of Action** David Kemp 1505 Fost Clark Blue 14-207 Add Gainesville, FC 32606 TREM MGRM 1993 10535 NW 36th Lane Gainerville, EL 32606 🗂 Add Remove ☐ Add Remove Add - Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00