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COVER LETTER

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SUBJEC		Name of Lim	ited Liability Company	
			-	
riease icit	ım an correspor	BRENDA CHAMBERS	to the following:	
			Name of Person	 _
		CHAMBERS & ASSOCIA	ATES	
	CHAMBERS & ASSOCIATES Firm/Company 603 N. FERDON BLVD. Address CRESTVIEW, FL 32536 City/State and Zip Code BRENDA@CA-CRESTVIEW.COM E-mail address: (to be used for future annual report notification) In their information concerning this matter, please call: NDA CHAMBERS Name of Person Sed is a check for the following amount: 25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy Certified Copy			
		603 N. FERDON BLVD.		
			Address	
		CRESTVIEW, FL 32536		
			-	
		-		cation)
For further	· information co		·	,
BRENDA	CHAMBERS			
	Name of	Person		Telephone Number
Enclosed i	s a check for the	e following amount:		
■ \$25.00	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

RICKY CLINTON CONSTRUCTION, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our re d Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compan Florida document number L09000043694	ny were filed on 05/05/2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our rec	SECRETARY OF STATEM AND SEE. FLORIDA
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		_, 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 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 Member

<u>Title</u>	Name	Address	Type of Action
MBR	THOMAS D CHESSER	6016 FLAMINGO ROAD	Add
		CRESTVIEW, FL 32539	□ Remove
			☐ Change
MBR	BOBBY R CLINTON	6016 FLAMINGO ROAD	🗎 Add
		CRESTVIEW, FL 32539	☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
			☐ Remove
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`ffec	ve date, if other than the date of filing:	
f an c	ective 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 605.0
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date ent's effective date on the Department of State's records.	will not be listed
	······································	
e re	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier
	90th day after the record is filed.	
Dated	JANUARY 19 2018	
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Typed or printed name of signee

Filing Fee: \$25.00