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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ACCOLADE CONSTRUCTION COMPANY, LLC
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:
ROBERTO RICHARDS
ROBERTO RICHARDS  Name of Person
ACCOLADE CONSTRUCTION COMPANY, LLC Firm/Company
3900 PETIBLOKE RD Address
re. Part
HOLLY WOOD, FL 33021  City/State and Zip Code  rrichards & accolade componies. com  E-mail address: (to be used for future annual deport notification)
City/State and Zip Code  rrichards & accolade componies. com
E-mail address: (to be used for future annual report notification)
#BLLY WOOD FL 33021  City/State and Zip Code  **Trichards & accolade componies.com  E-mail address: (to be used for future annual deport notification)  For further information concerning this matter, please call:
ROBERTO RICITARDS at (954) 237 - 2825  Name of Person Area Code & Daytime Telephone Number
, , , ,
Enclosed is a check for the following amount:
\$30.00 Filing Fee \$\ \text{Certificate of Status}\$\ \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \text{\$\frac{1}{2}\$} \ \$\fra
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

ACCOLATE CONSTRUC (Name of the Limited Liab (A Flori	TION COMPANY, II	our records)	
(A Flori	da Limited Liability Company)	Tour records.)	
The Articles of Organization for this Limited Liabilit Florida document number		726   09 and assigned	
This amendment is submitted to amend the following	<b>;</b> :		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	'the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	•		
(Principal office address MUST BE A STREET AD	DDRESS)		
	·		
		No.	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		5	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, 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 or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** Title Name Address JAINE LEDGEMAN PENBROKE RD MGR Roberto Richards □ Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated NOVEMBER 3 RD Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00