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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

TO: Registration S Division of Co			
Straight L	ine Construction of Gainesville	LLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Cynthia Long		
		Name of Person	
	Gainesville Business Servi	Name of Limited Liability Company ice(s) are submitted for filing. g this matter to the following: Name of Person usiness Services Inc. Firm/Company a Court, Suite D Address orida 32606 City/State and Zip Code om mail address: (to be used for future annual report notification) tter, please call: at (
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	5000 NW 27th Court, Suit	e D	
		Address	
	Gainesville Florida 32606		
		City/State and Zip Code	
	gbs@gbslink.com		46(\\\\
For further information	concerning this matter, please c		uncauon)
Cynthia Long			
Name	of Person		me Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addr</u> Registration			ection
-	Corporations	-	
P.O. Box 63		The Centre of	
Tallahassee	, FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2029 AUD 11 PM 4: 16

Straight Line Construction of Gainesville LL		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our re a Limited Liability Company)	colqr)
The Articles of Organization for this Limited Liability C Florida document number 27-1574680	Company were filed on 01/05/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ilted liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDI	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street a	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 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

2019 APR 11 FE 4: 16

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Authorize	Anthony C. Terracino Jr.	10121 SW 71st Court	□ Add
		Ocala, FL 34476	🖺 Remove
			Change
Authorize	Kevin M. Soden	10121 SW 71st Court	□Add
		Ocala, FL 34476	■Remove
			©Change
			□Add
			□Remove
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<u>lote:</u> If the	he date inserted i	n this block does:	not meet the applica	ible statutory fili	g requirements	this date will n	ot be listed as t
locument'	's effective date o	on the Department	t of State's records.				
record sp d is filed.		effective date, bu	it not an effective ti	ne, at 12:01 a.m.	on the earlier o	of: (b) The 90th	day after the
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		Signature	of a member or autho	1200 representativ	e or a memoer		
	Daniel J. Eckaro	-	or a member or autik	rizou (cpresentativ	e of a member		

Filing Fee: \$25.00