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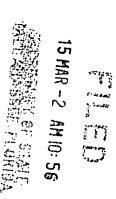
| (Req | uestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to F | iling Officer: | |
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| TO: Registration Se Division of Cor | | And the second s | |
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| su вј ест: <i>ДО</i> | Name of Lim | ONSTRUCTION, LL ited Liability Company | <u>.</u> |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | JAMES | D FUSTER Name of Person | |
| | DUUG FOSTER | CONSTRUCTION, U | ic |
| | 4253 TARPO | ON AVE Address | · |
| | BONITA SP Of CONS 1 & E-mail address: | City/State and Zip Code Comcast net to be used for future annual report notif | ication) |
| For further information co | oncerning this matter, please co | all: | |
| JANES F Name of | Person | at (239) 287-3 Area Code Daytime | 5509 e Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| □ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | 60.00 Filing Fee, Certificate of Status & 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

| (A Florida Limited Liability Company) |
|--|
| The Articles of Organization for this Limited Liability Company were filed onand assigned |
| Florida document number <u>L I 0000009905</u> . |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: |
| The new name must be distinguishable and end with the words "Limited Liability 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: |
| Name of New Registered Agent: |
| New Registered Office Address: |
| Enter Florida street address |
| City Florida Tin 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|-------------------|--|
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| If amending any other information, enter change(s) here: (Attach | additional sheets, if necessary. |
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| · . | |
| Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State) | (optional) cannot be more than 90 days after |
| | |
| Dated <u>FEB. 25</u> , <u>Z015</u> . | |
| Dated FEB. 25 , Z015 . Signature of a member or authorized representations. | |

Page 3 of 3

Filing Fee: \$25.00

