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COVER LETTER

Division of Cor	porations				
SUBJECT: PVTEN I	nome repair & Maintena	ance LLC			
Sougeer.	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Nigel Williams				
		Name of Person			
)			
		Firm/Company			
	1551 ne 205 terr	•			
		Address			
	MIAMI, FL. 33179				
		City/State and Zip Code			
	pvtenconstruction@g	_	V-57	2015 MAR	energy.
		to be used for future annual report notifica	.1011)	ĀR	7 770433 0
For further information c	oncerning this matter, please c	ail:		23 288	g march
Nigel Williams		786 212-4679			
Name o	f Person		elephone Number	PH 12: 22 PE STATE FLORIDA	inc. 44
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

PVTEN HOME REPAIR & MAINTENANCE LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 29, 2010 and assigned Florida document number L10000045854 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PVTEN CONSTRUCTION LLC 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 Florida

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.

City

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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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amending any other information	ion, enter change(s) here: (Attach addition	
fective date if other than the	date of filing:	(optional)
e effective date must be specific, cannot e date this document is filed by the Flo	date of filing: the prior to date of receipt or filed date and cannot be rida Department of State)	more than 90 days after
MARCH 19	2015	
	William	
	Signature of a member or authorized representative o	f a member
NIGEL WILLIAMS	- -	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

