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COVER LETTER

TO:	Registration Se Division of Cor			, # [*]				
cimi		NSTRUCTION LLC						
Name of Limited Liability Company								
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
		NIGEL WILLIAMS						
			Name of Person					
		PVTEN CONSTRUCTION	N LLC.					
			Firm/Company					
		1551 NE 205 TERR						
			Address					
		MIAMI, FL 33179						
			City/State and Zip Code					
		PVTENCONSTRUCTION(~					
		E-mail address: (to be used for future annual report notif	fication)				
For fur	ther information co	oncerning this matter, please ca	all:					
NIGE	L WILLIAMS		786 212-4679					
	Name o	Person	at () Area Code Daytime	e Telephone Number				
Enclos	ed is a check for th	ne following amount:						
□ \$2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

PVTEN CONSTRUCTION LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	rds.)
he Articles of Organization for this Limited Liability Company	were filed on 4/29/2010	and assigned
lorida document number L10000045854		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
VTEN DRYWALL LLC.		
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	1551 NE 205 TERR	
rincipal office address MUST BE A STREET ADDRESS)	MIAMI FL 33179	>
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nter new mailing address, if applicable:	N/A	
Agiling address MAY BE A POST OFFICE BOX)		1000 45
		Dr. 18
. If amending the registered agent and/or registered of the new registered office address here. Name of New Registered Agent: N/A		ds, <u>enter the name of the</u>
	<u> </u>	
New Registered Office Address:	Enter Florida street addr	ess
		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 **Title** <u>Name</u> **Address Type of Action** _D Add _□ Remove _□ Change _ Add ☐ Remove _ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change

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Typed or printed name of signee

Filing Fee: \$25.00