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COVER LETTER

	gistration Sec ision of Corp			
SHDJECT.	Checkered F	lag Home Services LLC		
SUBJECT: Name of Limited Liability Company				
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		John M. Wanczowski		
			Name of Person	
		Checkered Flag Home Ser	vices LLC	
			Firm/Company	
		11739 Hidden Forrest Loo	р	
			Address	
		Parrish, Florida. 34219		
			City/State and Zip Code	
		slrd@cfl.rr.com		
		E-mail address: (to be used for future annual report no	otification)
For further in	nformation co	ncerning this matter, please ca	all:	
John M. Wa	nczowski		352 267-4793 at ()	
	Name of	Person	Area Code Dayti	ime Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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 Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Checkered Flag Home Services LLC	<u> </u>
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number L10000069908	ny were filed on July 01, 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
RedBone Construction Services LLC	
The new name must be distinguishable and contain the words "Limited Lie	ability 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 registered agent and/or the new registered office address h	office address on our records, enter the name of the neere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	mi při si vina p
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a	

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			
			☐ Remove
			☐ Change
			□ Add
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ective date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date of fi	(optional) iling or more than 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this block does not meet the applicable statute ument's effective date on the Department of State's records.	ory filing requirements, this date will not be listed
union s effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the earlier
he 90th day after the record is filed.	cerve time, at 12.01 a.m. on the carner
ed April 20 , 2018	
I've leas	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00