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COVER LETTER

Division of Corporations
SUBJECT: Great American Construction Management LCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Beard Name of Person
Great American Construction Management LCC
6371 Collins Rd # 1313
Tackscnville FC 32244 City/State and Zip Code Mike. GACM @ Gmail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Michael Beard at (904) 505 - 9907 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\$55.00 Filing Fee & \text{Certified Copy} & \text{Cartified Copy} & \text{Certified Copy} & C

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

FILED 11 AUG 29 PM 3: 24

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<u>Creat</u> Ame (Name of the Limited Limit	erican Construction ability Company as it now appears on orida Limited Liability Company)	Maragment Clar our records
The Articles of Organization for this Limited Liab	11th Common wood flod on 12/28	/)O and assigned
The Articles of Organization for this Limited Liab	inty Company were med on 19100	and assigned
Florida document number <u>L1000013185</u>	1	
This amendment is submitted to amend the follow	_	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	•	
Mailing address MAY BE A POST OFFICE BO		
Muning dualess MAT BE ATOST OFFICE BU		
·		
B. If amending the registered agent and/or registered agent and/or the new registered offic		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	lorida street 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP_	Daryl Berson JR	G371 Colling Rel JAX Fr 32244	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
- -			 _
 	J- 1		_
Dated 8	Ma	or authorized representative of a member	
	Micho	ae/Beard r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00