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ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	Ur Construc Name of Limit	Ston, LLC led Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Micha	Name of Person	
		Name of Person	
	Lahr (onstruction, LLC	
		Firm/Company	
	PO Box	547103	
		Address	
	Orlan	City/State and Zip Code Many Homes. co obe used for future annual report notificati	
		City/State and Zip Code	
-	MIKE 6	e mlankhomes.co	<u>m</u>
For further information conc			,
Michael	Lahr	at (407) 702 43 Area Code Daytime Te	315
wame of re	ixon	Area Code Paytine Te	repriore is amore
Enclosed is a check for the f	ollowing 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

Lahr Cor	astruction LLC	ur records)
(A Florida	ty Company as it now appears on o Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L1100004707</u>	company were filed on <u>04</u> 72	18 2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
		======================================
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-7 L
		70 A
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		records, entersthe name of the nev
registered agent and/or the new registered office addi	ress here.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	Ciţy	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Erin B. Lahr	POBOX 547103 Orlando FL 32854	Add
			Remove
			Change
			☐ Remove
			Change
			Add
		 -	☐ Remove
			Change
			Remove
			Change
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te: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, he 90th day after the record is filed.	, at 12:01 a.m. on the earlie
red Feb 02. 2018.	
14 D T D	member

Page 3 of 3

Filing Fee: \$25.00