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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: ROZAr Construction Services LLC 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: |
| Shad Rozar Name of Person |
| Rozar Construction Services LLC |
| 948 Sloans Ridge Rd |
| Groveland, Fl 34736 City/State and Zip Code rachelshad @ yahoo.com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Shad Rozar at (321) 231 - 9020 Name of Person Area Code & Daytime Telephone Number |
| |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \(\text{Certificate of Status} \) Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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

| Rozar Con | struction | 2 Serv | lices. | LLC | | |
|---|--|------------------------------|-----------------------|----------------------|------------|----------------|
| (Name of the Limited (A | Liability Company Florida Limited Lia | as it now ap bility Compa | pears on our | records.) | | |
| The Articles of Organization for this Limited Li Florida document number <u>LIIDDDD5</u> | ability Company w | vere filed on | 5 10 1 |) | and a | ssigned |
| This amendment is submitted to amend the follo | owing: | | | | | |
| A. If amending name, enter the new name of | the limited liabili | ty company | here: | | | |
| The new name must be distinguishable and end wit "L.L.C." | | d Liability Co | ompany," the d | esignation "L | LC" or the | e abbreviation |
| Enter new principal offices address, if applic | | | | <u>,</u> | : C |) } |
| (Principal office address MUST BE A STREE | <u>I ADDRESS)</u> | | | | | |
| Enter new mailing address, if applicable: | | | | | ** 22 F | e same a |
| (Mailing address MAY BE A POST OFFICE) | BOX) | | | | | |
| | | | | 1. 1.0 1.0 | 2 | |
| B. If amending the registered agent and/oregistered agent and/or the new registered of | | ce address | on our reco | rds, <u>enter t</u> | he name | of the new |
| Name of New Registered Agent: | Shad | Roza | ir | | | |
| New Registered Office Address: | 948 51 | oans | Ridge Enter Florid | Rd la street addi | ress | |
| | Grovel | han | | Florida | | slo |
| | OIOVC | City | | Florida | Zip Co |) de |
| | | | | | | |

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 Changing Registered Agent, Signature of New Registered Agent

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> | Name | A | ddress | |] | Type of Action |
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