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SECRETARY OF STATE
AND ANASSEE, FLORIO.

T. Burch SEP .. 9 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sawyer Contracting 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:

Jasper Sawyer

Name of Person

Firm/Company

37 N Orange Avenue Suite 500

Address

Orlando FI, 32801

City/State and Zip Code

jasper@sawyercontracting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jasper Sawyer

_{...}407、900-554

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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

Sawyer Contracting LLC		
(Name of the Limited Liab) (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L11000111108		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Jasper Sawyer Company LLC		
The new name must be distinguishable and end with the words "I	imited Liability Company," the designation "LLC" or th	
Enter new principal offices address, if applicable:	****	AFEC E T
(Principal office address MUST BE A STREET ADD	ORESS)	SE S
Enter new mailing address, if applicable:	 	9 PH L
(Mailing address MAY BE A POST OFFICE BOX)		REAL FOR
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida 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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA