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CXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LoHe C	ONSTRUCTION	LLC	
(Name of the Limited L (A F	ability Company as it now a orida Limited Liability Comp	appears on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed or	n 03-23-2012	and assigned
Florida document number <u>L12 0000 \$0</u>	846		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability compar	ıy here:	
LOHE SERVICE			
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability (Company," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	(DDRESS)		<u> </u>
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	· -	on our records, enter the	narpe of the new
Name of New Registered Agent:	,		
New Registered Office Address:			
		Enter Florida street addre	35
-		, Florida	
	Çity		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 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

Litle	<u>Name</u>	<u>Address</u>	Type of Action
	. •		— — — — — — — — — — — — — — — — — — —
······			F-m1
			Add Remove
			Add Remove
			Add
			Add
. If amend	ling any other information, en	ter change(s) here: (Attach additional shee	ets, if necessary.)
	A		
ated Api	:11 10th	2012	
		h member or authorized representative of a mer	