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COVER LETTER

TO: Registration So Division of Cor			
N - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	low & Home LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	_	
	Adolfo Arenas		
		Name of Person	
	911 Backflow & Home LI	_C	
		Firm/Company	
	9720 Court of the Oranges	3	
		Address	
	Boca Raton, FL 33434		
		City/State and Zip Code	
	911backflownhome@gmai		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no	otification)
Adolfo Arenas	concerning and marron product	954 245-8857	
	of Person	at () Area Code Dayti	me Telephone Number
Name o	A CESON	Alea Code 12dyii	ne receptore romae
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	wation
Registration : Division of C		Registration S Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

911 Backflow & Home LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our rec mited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con	npany were filed on Dec. 21 2012	and assigned
Florida document number L12000047920		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
A4 General Contractors, LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u></u>	 ,
·		2023
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		- ω
		SO 7
		7 c &
B. If amending the registered agent and/or registered o	ffice address on our records, <u>en</u>	ter the name of the new registered
agent and/or the new registered office address here:		, .
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
	,	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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			[]Add
			□Remove
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			□Add
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Adolfo Armus		Signature of a member or apthorized representative of a member
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Filing Fee: \$25.00