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PORGES, HAMLIN,
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March 17, 2014

Via Certified Mail

OFFICE ADDRESS
1205 MANATEE AVENUE WEST
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**BOARD CERTIFIED IN CITY, COUNTY AND
LOCAL GOVERNMENT LAW
+FLORIDA SUPREME COURT CERTIFIED
CIRCUIT CIVIL AND APPELLATE MEDIATOR
CERTIFIED ARBITRATOR
ALSO ADMITTED IN GEORGIA
++ALSO ADMITTED IN NEW YORK

OF COUNSEL:
ALAN H. PRATHER**

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Construction Safety Specialists CA, LLC
Articles of Amendment
OFN: 11511-11

Dear Sir or Madame:

Enclosed please find the fully-executed Articles of Amendment for the above-referenced limited liability company. Also enclosed is a check for \$25.00 to provide payment for the filing fee. Please process the filing of the Articles as soon as possible.

If you have any questions, please do not hesitate to call me at 941.748.3770. Thank you.

Sincerely,

Jason M. DePaola
Firm Principal
Email: jmd@phkhlaw.com

JMD:jms
Enclosures (2)

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CONSTRUCTION SAFETY SPECIALISTS CA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 2, 2013 and assigned Florida document number L13000000536.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter 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 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>BOKE HOLDINGS, LLC</u>	<u>1401 MANATEE AVENUE WEST, SUITE 600</u>	<input type="checkbox"/> Add
		<u>BRADENTON, FL 34205</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>B ENTERPRISE ONE, LLC</u>	<u>1401 MANATEE AVENUE WEST, SUITE 600</u>	<input checked="" type="checkbox"/> Add
		<u>BRADENTON, FL 34205</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>H ENTERPRISE ONE, LLC</u>	<u>1401 MANATEE AVENUE WEST, SUITE 600</u>	<input checked="" type="checkbox"/> Add
		<u>BRADENTON, FL 34205</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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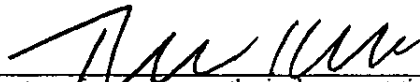
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **MARCH 12**, **2014**



Signature of a member or authorized representative of a member

ROBERT W. KELLY, MANAGER FOR B ENTERPRISE ONE, LLC, MEMBER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA
STATE