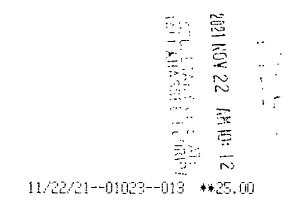
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COVER LETTER

Div	ision of Cor	porations	•	
CUDIEFT.		onstsruction, LLC		
SUBJECT:	<u> </u>	Name of Lim	ited Liability Company	·
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	_	
r lease return	r an correspo	indence concerning this matter	to the following.	
		Tommy Pope		
Name of Person				
		Tommy,s Construction, LI	.C	
			Firm/Company	
		1830 Memorial Dr.		
			Address	
		Chipley, Fl. 324258		
			City/State and Zip Code	· · · · · · · · · · · · · · · ·
		anita_pope71@yahoo.com		
		·	to be used for future annual report noti	fication)
For further in	nformation c	oncerning this matter, please co	all:	
Tommy Pop	e		850 415-0446 at ()	
Name of Person			e Telephone Number	
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F		☐ \$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)
Re	iling Addres	Section	Street Address: Registration Se	
Division of Corporations		Division of Cor	porations	

P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tommy's Conststuction, L.L.C. (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 $\frac{11/13/21}{11/13/21}$ and assigned Florida document number L1000014090 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 contain 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: Tommy Pope Name of New Registered Agent: 1830 Memorial Dr. New Registered Office Address: Enter Florida street address

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.

Chipley

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
MGRM	Anita Pope	1830 Memorial Dr.	□Add
		Chipley, Fl. 32428	■Remove
			☐Change
			□Add
			□Remove
			Change
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fan effective date is list Note: If the date inso locument's effective	date on the Departmen	at of State's records.  ut not an effective time  2021			·	the
fan effective date is list Note: If the date inso locument's effective record specifies a de d is filed.	date on the Departmen	it of State's records. ut not an effective time			·	the

Filing Fee: \$25.00