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COVER LETTER

TO: Registration Se Division of Cor				
suвчест: <u>Том</u>	nmy's Constru	uction, L. L. C. ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Tommy	Pupl Name of Person		
	Tommy's	Construction Firm/Company		
	1830 Me	morial Dr. Address		
	<u>Chipley</u>	F1. 32428 City/State and Zip Code		
	enita - C E-mail address: (2006 71 6 yahw. Con	ification)	
For further information co	oncerning this matter, please ea	all:		
Nathun Por	O-L Person	at (<u>850</u>) <u>703 -</u> Area Code Daytim	7029 ne Telephone Number	
Enclosed is a check for the	e 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 Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7		rporations Fallahassee FSTA FINA FINA FINA FINA FINA FINA FINA FIN	
		Tallahassee, FL	.32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lommy Constru	ustion, L.L. C.	,	
(<u>Name of the Limited</u> (A	Liability Company as it now app Florida Limited Liability Compan	y)	
The Articles of Organization for this Limited Liab Florida document number <u>L 130000 14 0</u>	* * *	1/25/2013	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company	here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," th	ne designation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or regi agent and/or the new registered office address b	stered office address on ou iere:	r records, enter the nar	ne of the new registered
Name of New Registered Agent:		-	
New Registered Office Address:			
	Enter F	Florida street address	
-	(77	, Florida	
New Registered Agent's Signature, if changing Reg	City		Zip Code
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as registed being filed to merely reflect a change in the regroup of this change in this change in the regroup of the regr	gent and agree to act in thi and complete performance red agent as provided for in istered office address, I hen	of my duties, and I am n Chapter 605, F.S. Or,	familiar with and af this document is

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>	Name	Address	Type of Action
MGR	Ryan Hagan	1863 Hagan Rd	□Add
		1863 Hagan Rd Chipley, Fl. 32428	Remove
			☐ Change
			□ Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
			□Add
			Remove
			□Change
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			ZEPH API
			2504
			SSEE ST

		
	c ional) er filing) Pursuant to 605 (0207 i
Effective date, if other than the date of filing: (opt	or ming, it disduit to too,	d as t
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the	is date will not be listed	
Effective date, if other than the date of filing: (opt (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days afte Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	nis date will not be listed	
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