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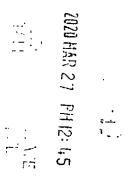
(Req	questor's Name)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Special Instructions to F	Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor				
CHD IE		Excel Site Contracting LLC d/b/a American Site Contracting T: Name of Limited Liability Company			
SUBJE	CI:				
The enc	losed Articles of	Amendment and fce(s) are sub	mitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		Jennifer Hendricks			
			Name of Person		
		American Site Contracting			
			Firm/Company		
		15901 N. Florida Avenue			
		Address			
		Lutz, FL 33549			
			City/State and Zip Code		
		jhendricks@americansiteco E-mail address: (ntracting.com to be used for future annual report notificat	ion)	
For furt	her information c	oncerning this matter, please ca	·	•	
Jennifer	Hendricks		813 269-1551		
	Name o	f Person	at () Area Code Daytime Te	lephone Number	
Enclose	d is a check for th	ne following amount:			
□ \$ 25	.00 Filing Fee	S30.00 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 Addres		Street Address: Registration Section	on.	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

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

(Name of the Limited Liability Con (A Florida Limit	ngany as it now appears on our recorded Liability Company)	<u>(ds.)</u>
The Articles of Organization for this Limited Liability Compa	ny were filed on 4/11/2013	and assigned
Torida document number L13000053561		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
American Site Contracting LLC		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LL	
Enter new principal offices address, if applicable:	15901 N. Florida Avenue	20 H.
Principal office address MUST BE A STREET ADDRESS)	Lutz, FL 33549	∯ .
		——————————————————————————————————————
Inter new mailing address, if applicable:	15901 N. Florida Avenue	1 5 T
Mailing address MAY BE A POST OFFICE BOX)	Lutz, FL 33549	. 5
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent: Jennifer M. 1	\ -	r the name of the new regist
•		
New Registered Office Address: 15901 N. Flo	orida Avenue Enter Florida street addre	and a
	Enier Florida street addre	
Lutz		`lorida

Excel Site Contracting LLC

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 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
			Remove
			□Change
			Add 2021 Remove Change
			CA □ Remove
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			□ Add
			□Remove
			□Change

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Effective date, if other than the date of filing:	(optional)
	prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 pplicable statutory filing requirements, this date will not be listed as cords.
he record specifies a delayed effective date, but not an effecti ord is filed.	ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated March 20 2020	
	·

Typed or printed name of signee