## 113000119234

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000301745360

07/31/17--01042--004 \*\*25.00

FILED
2017 JUL 31 PM 4: 24
SECHETARY OF STATE

K. SALY AUG - 3 2017

## COVER LETTER

TO:

	egistration Section ivision of Corporations	
SUBJECT	$: \frac{M}{N_{\text{ame of Limited}}}$	444
OCOCLCI	Name of Limited	Liability Company
The enclos	ed Articles of Amendment and fee(s) are submitt	ed for filing.
Please retu	rn all correspondence concerning this matter to the	ne following:
		Name of Person
		Name of Person
		Firm/Company
	4003	Winthrop St Address
	C	ity/State and Zip Code
	E-mail address: (to be	ity/State and Zip Code  1 B-1.1 @ Gma.1. (um  used for future annual report notification)
or further	information concerning this matter, please call:	
	Richael Balit	at (991) 289-9811  Area Code Daytime Telephone Number
	Name of Person	Area Code   Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$25.00	Filing Fee	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:	STREET/COURIER ADDRESS:
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF (Name of the Limited Liability Company as it now appears on our records.) (Name of the Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8/22/2013 and assigned Florida document number 4/3000/19236.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liab	<u>ility company he</u>	<u>:re</u> :	
Brlit Const	·uction	446	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the di	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
	1		
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •	<del>-  </del>		
(Mailing address MAY BE A POST OFFICE BOX)			<u>.</u>
	<del>- i</del>		·
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, ente	er the name of the nev
egistered agent and/or the new registered office address here	<u>e</u> .		
Name of New Registered Agent:			<del>-</del>
New Registered Office Address:			
	Enter Flor	ida street address	· · · · · · · · · · · · · · · · · · ·
	,	Elovido	
	City	, riorida_	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 or removed from our records:					
MGR = N AMBR = A	lanager authorized Member	Address  Add	$\mathcal{L}$		
<u>Title</u>	<u>Name</u>	Address St. Chr. IARY 07	Type of Action		
		TLAHASSEE, FLORIDA			
			Remove		
			Change		
			Remove		
			Change		
			Remove		
			Change		
			Remove		
			Change		
		<del></del>	□ Remove		
			Change		
			□ Remove		
			☐ Change		

	/ Mala
	FILE
•	PALLALIARY OF
	1 JUL 31 PH.
	TALLAHASSEE, FLORID:
	SIE E AN
·	
	·
	1
fective date, if other than the date of filing:	
n effective date is listed, the date must be specific and canno	ot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
<u>ote:</u> If the date inserted in this block does not meet th cument's effective date on the Department of State's	he applicable statutory filing requirements, this date will not be listed as
cument's effective date on the Department of State's	records.
record specifies a delayed effective date,	but not an effective time, at 12:01 a.m. on the earlier of
The 90th day after the record is filed.	
	2(2
ded /4/9 26	2011
1/2/2	
sted / 4/4 2 6 Signature of a member	
Signature of a membe	er or authorized representative of a member
$n \cdot 1$	B / 1 + d or printed name of signee
/n, chao (	<b>ロップリ</b>

Page 3 of 3

Filing Fee: \$25.00