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COVER LETTER

TO:

	egistration Sc ivision of Cor			
eun wer	National Co	ontractors Group LLC		.,
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	undence concerning this matter	to the following:	20 741 6 64 1.16
		Charles Hallbert		
			Name of Person	
		Individual		
			Firm/Company	
		506 Legends Trail		
			Address	
		Enterprise, OK 36330		
			City/State and Zip Code	
		chuckhallbert@yahoo.com		
			to be used for future annual report notifi	cation)
For further	intermation c	oncerning this matter, please c	all:	
Charles Ha	ıllbert		713 205 8055 at ()	
-	Name o	f Person		Telephone Number
Enclosed is	s a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$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)
	ailing Addres		Street Address:	
	egistration S ivision of C	Section Torporations	Registration Sect Division of Corp	
	O. Box 632		The Centre of Ta	
Та	allahassee, I	FL 32314		Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

National Contractors Group 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 $\frac{01/01/2014}{2014}$ Florida document number L13000175859 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NA The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 4211 Capital Cir NW Enter new principal offices address, if applicable: Tallahassee, FL 32303 (Principal office address MUST BE A STREET ADDRESS) 4211 Capital Cir NW Enter new mailing address, if applicable: Tallahassee, FL 32303 (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 City

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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Charles G Hallbert III (Ballbert)	101 E Olive Rd	□ Add
		Pensacola, FL 32514	■Remove
			□Change
MGR	Jaime Castillo	502 Tartan Way	□Add
		Enterprise, AI, 36330	Remove
			□Change
MGR	Fidel Castillo	504 Legends Trail	□ Add
		Enterprise AL 36330	■Remove
			□Change
MGR	Jimmie Demontmollin	71 CR 561	
		Enterprise, AL 36330	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change

Effective date, if other than the date of filing:	
If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's reserved as record specifies a delayed effective date, but not an effective date, but not an effective date.	
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rd is filed.	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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Dated December 31 7. 70	·/7
Signature of a member of	
P/, T	r authorized representative of a member

Filing Fee: \$25.00