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COVER LETTER

TO: Registration S Division of Co		•	
SUBJECT:		ESTWOOD CUSTON	n Construction, le
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	4 2 5
		thew Plemman Name of Person 3 4 PRESTWUUD CUS	<u>ns</u> §
	1 ()	Firm/Company	<u> Num CVI</u> ST.
	303	2nd St.	
	St. a	Address	iom cation)
For further information of	oncerning this matter, please c		
Matthew Name of	Plemman6) f Person	at (904) 36/- Area Code Daytime	- 3635 Telephone Number
Enclosed is a check for the	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)
MAIL	ING ADDRESS:	* STREET/COURIE	W ADDRESS.

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



STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Plemmons 4 Prestwow Custam Construction, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number <u>1140000348</u>	<u>)</u> . <i>(</i>	
This amendment is submitted to amend the following:		2 · · · · · · · · · · · · · · · · · · ·
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit-	ed Liability Company," the designation "l	.LC" or the abbreviation "E.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre	ered office address on our reco	rds, enter the name of the nev
B. If amending the registered agent and/or registered agent and/or the new registered office addressed agent and New Registered Agent:	ered office address on our reco	rds, enter the name of the nev
registered agent and/or the new registered office addre	ess here:	
registered agent and/or the new registered office addre	Enter Florida street ada	tress
registered agent and/or the new registered office addre	Enter Florida street ada	
	Enter Florida street add	frexs Florida

If Changing Registered Agent, Signature of New Registered Agent

or removed f	rom our records:	Set enter the tine, many, and address of the	ch person being au
MGR = Ma $AMBR = Au$	anager Ithorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Mame Abysia B. Prestwood	3032rd St.	🖸 Add
		St Augustine PL	Remove
	-		Change
		 	Add
	-	, , , , , , , , , , , , , , , , , , , ,	Remove
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ective date if	other than the o	date of filings				(1)	
e: if the date if	other than the disted, the date must inserted in this blowe date on the De	ick does not mee	et the applicat	o date of filing or ole statutory fil	more than 90 daing requireme	ys after filing.) nts, this date v	Pursuant to 605,02 will not be listed
record specif he 90th day	ies a delayed after the reco	effective dat ord is filed.	te, but not	an effective	time, at 12	2:01 a.m. c	on the earlier
ed 1741	y 8,2019	<u>9 </u>		_ ·			
	nuin	/					
1	Patthew L	Signature of a mer	uber or author	zed representation	ve of a member		

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Filing Fee: \$25.00