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D. SCOTT NOV 2 8 2016

COVER LETTER

Division of Corporations
SUBJECT: SANTOS CONSTRUCTION GROUP LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANDREW SATTOS Name of Person
SANTOS CONSTRUCTION GROUP UC Firm/Company
16350 BRUCEB DOWNBUD
City/State and Zip Code
red , a made
For further information concerning this matter, please call: ANDREW SANDS at (813) 5 18 - 9144 35 75 75 75 75 75 75 75 75 75 75 75 75 75
Enclosed is a check for the following amount: \$\sum_{\text{S25.00 Filing Fee}} \sum_{\text{S30.00 Filing Fee}} \text{\$\sum_{\text{S55.00 Filing Fee}} \text{\$\sum_{\text{S60.00 Filing Fee}}} \sum_{\text{Certificate of Status}} \sum_{\text{Sadditional copy is enclosed}} \sum_{\text{S60.00 Filing Fee}} \text{\$\sum_{\text{Certified Copy}} \text{\$\text{Certified Copy} \text{\$\text{Certified Copy} \text{\$\text{(additional copy is enclosed)}}} \rightharpoonup \text{\$\text{S60.00 Filing Fee}, \text{\$\text{Certified Copy} \text{\$\text{(additional copy is enclosed)}}} \rightharpoonup \text{\$\text{S60.00 Filing Fee}, \text{\$\text{Certified Copy} \text{\$\text{(additional copy is enclosed)}}} \rightharpoonup \text{\$\text{S60.00 Filing Fee}, \text{\$\text{Certified Copy} \text{\$\text{(additional copy is enclosed)}}} \rightharpoonup \text{\$\text{S60.00 Filing Fee}, \text{\$\text{Certified Copy} \text{(additional copy is enclosed)}}} \rightharpoonup \text{\$\text{S60.00 Filing Fee}, \text{\$\text{Certified Copy} \text{(additional copy is enclosed)}} \rightharpoonup \text{\$\text{S60.00 Filing Fee}, \text{\$\text{Certified Copy} \text{(additional copy is enclosed)}}} \rightharpoonup \text{\$\text{S60.00 Filing Fee}, \text{\$\text{Certified Copy} \text{(additional copy is enclosed)}} \rightharpoonup \text{\$\text{S60.00 Filing Fee}, \text{\$\text{Certified Copy} \text{(additional copy is enclosed)}} \rightharpoonup \text{\$\text{S60.00 Filing Fee}, \text{\$\text{Certified Copy} \text{(additional copy is enclosed)}} \rightharpoonup (additional co

MAILING 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

SANTO	S CONS	Y as It now appears on ou ability Company)	6 ROU	puc
The Articles of Organization for this Limited L	iability Company v) 4272.	were filed on U	(2014	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liabil	ity company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabilit	ty Company," the designat	ion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	<u>(T ADDRESS)</u>			
				SE O
			•	聖
Enter new mailing address, if applicable:				23 日
(Mailing address MAY BE A POST OFFICE BOX)				mg - 0
				<u> </u>
				高州 8
B. If amending the registered agent and registered agent and/or the new registered of	~		records, enter	the name of the new
	1 lintoui	a A Herr) o. (o - s -	
Name of New Registered Agent:				
New Registered Office Address:	16350	BEVCEB Enter Florida stre	DOWN S	BIVD
	TAM	0A	, Florida	33646 Zip Code
	·	Cuy		zip Coae

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

Title Type of Action **Address** Name Vietoria A Hernoug 16350 BRUCE B DOWNS BAND
SUITE 46185 Remov ☐ Remove TAMPA PL 33646 Change AMBR FLORENTIND SANTOS FLORENTINO SANTOS DAD 16350 BRUCE B DOWNS BRIND TAMPA Fl 33646 O Change ☐ Add □ Remove ☐ Change Change 3: 02 Add 02 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

D., II amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	123 123
	DATE OZ
(If an effective Note: If the	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ith day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00