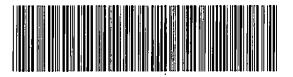
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

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COVER LETTER

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

	TION CONSTRUCTION TEA	M, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Linda Kiefer		
		Name of Person	
	RESTORATION CONSTI	RUCTION TEAM, LLC	
		Firm/Company	
	310 E. HARRISON ST.		
		Address	· · · · · · · · · · · · · · · · · · ·
	TAMPA, FL 33602		
		City/State and Zip Code	
	LKKiefer@RCT24.com		
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Linda Kiefer		813 872-5959 ext	. 1006
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)
Mailing Addres Registration S		Street Address: Registration Sec	tion
Division of C		Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compati (A Florida Limited L	ny as it now appears on our records.) lability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 01/17/2014		and assigned
Florida document number L14000009301			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		- · 	24
Principal office address MUST BE A STREET ADDRESS)		4.	JUL
		i - .	10 E
		::	全 7
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			-
		,	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name	of the new regi
Name of New Registered Agent:			
New Registered Office Address:	Euter Florida street address		
	, Flori	da	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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RCT Holdings, LLC	310 E. Harrison St.	□Add
		Tampa, FL 33602	■Remove
			□Change
AMBR	RCT Construction Group, LLC	310 E. Harrison St.	= Add
		Tampa, FL 33602	□ Remove
			□Add
			□Remove
			☐ Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□ Remove
			□Change
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			☐ Change

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te: If the date inserted in the	the date of filing: (option of the date of filing or more than 90 days after this block does not meet the applicable statutory filing requirements, this block does not meet the applicable statutory filing requirements, this department of State's records.	r filing.) Pursuant to 605.020
cord specifies a delayed eff s filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: ()	b) The 90th day after the
May 15	. 2024	
(Lind K Kil	
<u></u>	Signature of a member or authorized representative of a member	

1. 1. 1. 1.

Filing Fee: \$25.00