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(Re	questor's Name)	
(Åd	dress)	···· · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Logu	Construction Name of Limi	LLC ited Liability Company	
ı		,	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Glen C	Value of Person	
		Firm/Company Caqui (Empres Sec
	581 N	Firward Dr. Address	
	Deltma	L FL 3272S City/State and Zip Code	-
	Cequicoustru E-mail address: (ectional amail to be used for future annual report notif	Lan ication)
For further information c	concerning this matter, please co	all:	
<u>Clen Col</u>	of Person	at (<u>386)</u> <u>350 – C</u> Area Code Daytime	96 43 /386 - 383 - 9593 Telephone Number
Enclosed is a check for t	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 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**

1 Confirmati

Coau' Construction	460		
(Name of the Limited Liability Color (A Florida Limited	Sany as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Compan	y were filed on 02/05/2014	and assi	gned
Florida document number 140000 20222.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and end with the words "Limited Lis			
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designation "LLC" or the	ne abbreviation "L.	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, <u>ente</u> re:	r the name o	f the new
	<u></u> .	¥ _S 1	
Name of New Registered Agent:		ECE VA	errigery
		HAN R	P (F ST) THOUGH
New Registered Office Address:	Enter Florida street address	- 8 8	F. FORE
	, Florida _	☐ (* ☐ Zip Code	्रक्रम्
New Registered Agent's Signature if changing Registered Agent	•	20m 40	29.00

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Add
			□ Remove
			Add
			□ Remove
			Add Alexandre
			ASSET OF STANDA
			Add
			☐ Remove

he effective date must be specific, cannot be prior to date of receipt or filed date and cannot	(optional) of be more than 90 days after
the effective date must be specific, cannot be prior to date of receipt or filed date and cannot he date this document is filed by the Florida Department of State)	
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State) Dated ### 2014 Dated ### 2014	
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	ot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

