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(Re	equestor's Name)	
(Ad	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	<u> </u>
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COVER LETTER ,

Division of Corporations
SUBJECT: MTR Construction IIIC
,
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael TRoughton Jr. Name of Person
MTR Construction LC
137 Danny Drive
Detuniak Springs Fl. 32433
Wendyamitchellobe wanca com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Tragaton JR. at (50) 419-6147 Name of Person Name of Person Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu

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

MTR Constru	ection LLC	
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our record Limited Liability Company)	5.)
The Articles of Organization for this Limited Liability O	TIN	1,2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	tited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(<u>Principal office address MUST BE A STREET ADD)</u>	RESS)	
Enter new mailing address, if applicable:		2015
(Mailing address MAY BE A POST OFFICE BOX)		三江
		2 posses
		TO P I
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our record ress here:	s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addres	SS .
	, FI	orida
	City	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 = Ma $AMBR = Aa$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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tive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filing of	(optional)
If the date inserted in this block does not meet the applicable statutory f nent's effective date on the Department of State's records.	
•	
ecord specifies a delayed effective date, but not an effective 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlie
July 24, 2015.	
Signature of a member or authorized representa	ative of a member

Page 3 of 3

Filing Fee: \$25.00