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Division of Corpor		n	
SUBJECT: <u>GAR</u>	CIA DESIGN	N CONSTRUCT	70N, 1/C
SUBJECT: Of PAR C	Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. ARVELIR HARCHA Name of Person Firm/Company 7.510 FOUNDERS WAY Address PINTE VEDRA BEACH T 32082 City/State and Zip Code GARCHADUITH GAMAN COMPANY E-mail address: (to be pset for future annual report notification) Formation concerning this matter, please call: Area Code Daytime Telephone Number Check for the following amount:		
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
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For further information cond	,		,
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Name of Fe	450H	Alea Code 1.	ayune receptone ranker
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			(SEE ANOTHER COPY TO CHICKEY)
Mailing Address:		Street Addre	<u>::ss:</u>

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TE GIGN UNSTRUCTION /K

The Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on May 23; 2014 and assigned Florida document number <u>L14000083709</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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 / :/1.	Type of Action
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