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PICK-UP	☐ WAIT	MAIL
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2015 JAN 25 A 11: 3

B. BOSTICK
FEB - 4 2015
FMAMINER

COVER LETTER

TO: Registration Secti Division of Corpo					
SUBJECT:	Name of Limi	ited Liability Company		2015	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.		JAN 25	
Please return all corresponde	ence concerning this matter	to the following:		AH	
	Jesse	Name of Person	<u>e</u>	ुतं 😃	
		Firm/Company			
	4842	NW 15th	St		
<u>-</u>	JClat JE-mail address: (t	City/State and Zip Code Constructs o be used for future annual report notifie	CALON CATION	alwa! 33009	3 1.com
For further information cond	erning this matter, please ca	ıll:			
Jesse L Name of Po	atimore	at (<u>954)</u> <u>851 3</u> Area Code Daytime	Telephone Nu	ımber	
Enclosed is a check for the f	ollowing amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cert Cert	00 Filing Fee, ifficate of Status & iffied Copy tional 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

(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our rec	cords.)
The Articles of Organization for this Limited Liability Company	were filed on	2 14 and assigned
Florida document number <u>L14000096058</u>		
This amendment is submitted to amend the following:		
Ç		
A. If amending name, enter the new name of the limited liab	ility company here:	
SC LAT CONST	ruction	
The new name must be distinguishable and end with the words "Limited Liah	offity Company. the designation	"LLC or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	<u>Same</u>	2015
(Principal office address MUST BE A STREET ADDRESS)		
		The same publishers
Enter new mailing address, if applicable:	same	
(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 her		ords, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		Florida
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ms $AMBR = At$	anagér uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			□ Add
			□ Remove
			,
			☐ Add
			200
			Add
			Remove
			Remove
			☐ Add
			Remove

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Effectiv	late, if other than the date of filing: (optional)
	date, if other than the date of filing:
the date t	document is filed by the Florida Department of State)
the date t	document is filed by the Florida Department of State)
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Filing Fee: \$25.00