14000114555

| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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J. HARRIE

COVER LETTER

| | egistration Sec vision of Corp | | | |
|--|-----------------------------------|---|---|---|
| CHD IECT | | ION CONSTRUCTORS, LLC | | |
| SUBJECT: Name of Limited Liability Company | | | | A |
| The enclose | ed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please retur | n all correspoi | ndence concerning this matter | to the following: | |
| | | Karen M. Brown | | |
| | | ··· | Name of Person | |
| | | Swann Hadley Stump Diet | crich & Spears, P.A. | |
| | | | Firm/Company | |
| | | 200 E. New England Aver | nue, Suite 300 | |
| | | | Address | <u> </u> |
| | | Winter Park, FL 32789 | | |
| | | - | City/State and Zip Code | |
| | | zmerriman@odcbuilds.com | | |
| | | | to be used for future annual report noti | (lication) |
| For further | information co | oncerning this matter, please co | all: | |
| Karen M. F | Brown · | | 407 647-2777 at () | |
| | Name of | Person | Area Code Daytim | e Telephone Number |
| Enclosed is | a check for the | e 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

| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our red Liability Company) | cords.) |
|---|--|---------------------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number £14000114555 | were filed on July 21, 2014 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation " | LLC" or the abbreviation "L.IC." |
| Enter new principal offices address, if applicable: | 5701 Carder Road | <u>></u> 22 |
| (Principal office address MUST BE A STREET ADDRESS) | Orlando, FL 32810 | - S |
| | | 2 DO Change |
| | | . 10 1 |
| Enter new mailing address, if applicable: | 5701 Carder Road | T. |
| (Mailing address MAY BE A POST OFFICE BOX) | Orlando, FL 32810 | |
| | | , N |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | ords, <u>enter the name of the ne</u> |
| Name of New Registered Agent: New Registered Office Address: | Enter Florida street ad | ldress |
| Name of New Registered Agent: | Enter Florida street ad | dress Florida |
| Name of New Registered Agent: | Enter Florida street ad City | |
| Name of New Registered Agent: | City | , Florida |

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

| Title | <u>Name</u> | Address | Type of Action | |
|-------|-----------------------|--------------------|----------------|--|
| MGR | LIDSKY, ISAAC | 5701 CARDER ROAD | | |
| | | ORLANDO, FL 32810 | ■ Remove | |
| | | | ☐ Change | |
| AMBR | HARTSGROVE, TONY | 5701 CARDER ROAD | | |
| | | ORLANDO, FL 32810 | ■ Remove | |
| | | | ☐ Change | |
| AMBR | ODC CONSTRUCTION, LLC | 5701 CARDER ROAD | | |
| | | ORLANDO, FL 32810 | Remove | |
| | | | □ Change | |
| AMBR | ANDEX CAPITAL, LLC | 1911 TRAYLOR BLVD. | | |
| | | ORLANDO, FL 32804 | Remove | |
| | | | Change | |
| | | | Add | |
| | | | Chaffigle | |
| | | | Remove | |
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| E ECcati | to data if ather than the data of CP. | | |
| (If an effe | ve date, if other than the date of filing: (operative date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, the | tional) or filing.) Pursuant to 605.0 his date will not be listed |)207 (3)(b) Las the |
| docume | nt's effective date on the Department of State's records. | ns date will not be listed | , as the |
| If the rec (b) The | ord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed. | a.m. on the earlie | r of: |
| Dated _ | September 20 2017 | | |
| - | Fel | | 9 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| | Signature of a member or authorized representative of a member | <u> </u> | 3 (1) |
| | ISAAC LIDSKY | |) 114 |
| | Typed or printed name of signee | 7: | |
| | n 2 - £ 2 | 2: 32 | • |
| | Page 3 of 3 | <i>y.</i> ► \ | |

Filing Fee: \$25.00