## 14000114568

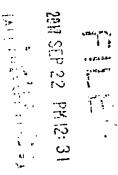
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S. HARRIS

## **COVER LETTER**

		tration, Section of Corpo					
CUD IEC			RAMING CREWS, LLC				
SODJEC	-li <u>.</u>	Name of Limited Liability Company					
The enclo	osed /	Articles of Ar	nendment and fee(s) are sub	mitted for filing.			
Please re	turn a	ll correspond	ence concerning this matter	to the following:			
			Karen M. Brown				
Name of Person					-		
Swann Hadley Stump Dietrich & Spears, P.A.							
Firm/Company						•	
	200 E. New England Avenue, Suite 300						
	Address Winter Park, FL 32789					-	
				•			
	zmerriman@odcbuilds.com						
				to be used for future annual repor	1 notification)		
For furthe	er info	ermation con	cerning this matter, please ca	all:			
Karen M. Brown				407 647-27 at () Area Code D			
		Name of Po	erson	Area Code D	aytime Telephone Number	Γ	
Enclosed	is a cl	heck for the f	following amount:				
<b>\$</b> 25.0	0 Filii	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

OPTIMAL FRAMING CREWS, LLC					
(Name of the Limited Liability Comp. (A Florida Limited	nny as it now appears on our record Liability Compuny)	<u>s.</u> )			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L14000114568}{L14000114568}$	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 Liabi	ility Company," the designation "LLC	" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		ŽĮĮ.			
(Principal office address MUST BE A STREET ADDRESS)	5701 Carder Road	SS			
	Orlando, FL 32810	Ben 3 LO fute to .			
		· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	5701 Carder Road	12			
	Orlando, FL 32810				
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:					
	, Florida				
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	•				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605, i	nd I am familiar with and F.S. Or, if this document is			

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	Name	Address	Type of Action		
AR 	HARTSGROVE, TONY	5701 CARDER ROAD			
		ORLANDO, FL 32810	■ Remove		
			□ Change		
AMBR	ODC CONSTRUCTION, LLC	5701 CARDER ROAD			
		ORLANDO, FL 32810	Remove		
			■ Change		
AR	LIDSKY, ISAAC	5701 CARDER ROAD			
		ORLANDO, FL 32810	■ Remove		
			Change		
A	HJE ENTERPRISES, LLC	5701 CARDER ROAD	☐ Add		
		ORLANDO, FL 32810	Remove		
	<del>.,,</del>		Change Change		
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Effective date, if other that fan effective date is listed, the date. If the date inserted in a document's effective date on the record specifies a de.  The 90th day after the	this block does not in the Department of S	neet the applicable statets records.	tutory filing requires	nents, this date wi	II not be list	ted a:
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Pated Septe	mber 20.	2017				
	**				<u> </u>	3 3 2
<u></u>	Signature of a n	nember or authorized re	presentative of a memb	er	<del></del>	<b>4</b> 7
ISAAC LIDSKY					FP 22	
		Typed or printed name	of signee	<del></del> -		' { !
				,	PH 12:	•
		Page 3 of 3	<b>;</b>	<del></del>	 دع ت	

Filing Fee: \$25.00