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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

N COOPER MAY 01 2018

TO: Registration Se Division of Cor	ection porations		•
TKC Const	truction Group, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	William E. Corley, III		
		Name of Person	
	TKC Construction Group,	LLC	
		Firm/Company	
	645 Mayport Road, Suite 5	3	
		Address	
	Atlantic Beach, FL 32233		
		City/State and Zip Code	<del></del>
	weorley@theklotzcompanie  E-mail address: (	es.lle to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please or	·	·
William E. Corley, III		904 247-5334	
Name o	f Person		Telephone Number
Enclosed is a check for the	aa following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	D \$60.00 Eiling Equ
= 525,00 rining rec	Certificate of Status	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**

TKC Construction Group, LLC			
(Name of the Limited (A	l Liability Company as it now appears on our records.) A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab Florida document number L14000126347	bility Company were filed on 08/12/2014	and assign	ed
This amendment is submitted to amend the follow	vino,		
A. If amending name, enter the new name of t	•		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C.	Z Z
Enter new principal offices address, if applical	ble:		LCR ECR
(Principal office address MUST BE A STREET	ADDRESS)	PR 30	HASS
Enter new mailing address, if applicable:		PH 3:	OF ST
(Mailing address MAY BE A POST OFFICE B	<u>ox</u>	38	AIE AIE
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>enter</u> ce address here:	the name of	the new
Name of New Registered Agent:		<del></del>	
New Registered Office Address:	Enter Florida street address		
	, Florida		····
	City	Zip Code	
New Registered Agent's Signature, if changing Re	gistered 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	General Management and Agent Se	645 Mayport Road, Suite 5	
		Atlantic Beach, FL 32233	□ Remove
			☐ Change
VP Const	Douglas W. Othmer	645 Mayport Road, Suite 5	Add
		Atlantic Beach, FL 32233	■ Remove
			□ Change
VP Mech	Jeffrey J. Othmer	645 Mayport Road, Suite 5	□ Add
		Atlantic Beach, FL 32233	■ Remove
			☐ Change
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	e prior to date of filing of applicable statutory file cords.	e prior to date of filing or more than 90 da applicable statutory filing requirement cords.	e prior to date of filing or more than 90 days after filing.) Pursu applicable statutory filing requirements, this date will n

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00