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| (R | equestor's Name) | |
|-------------------------|----------------------|-------------|
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| (A | ddress) | |
| . (C | ity/State/Zip/Phone# | ·) |
| PICK-UP | ☐ WAIT | MAIL |
| (8 | usiness Entity Name |) |
| (D | ocument Number) | |
| Certified Copies | Certificates o | f Status |
| Special Instructions to | o Filing Officer: | |
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COVER LETTER

| TO: Registration S Division of Co | ection rporations | | |
|-----------------------------------|--|--|--|
| SUBJECT: FYC | uning & Roo Name of Limi | Sing Constructive Company | tion,LLC |
| The enclosed Articles of | f Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Fair | Good-Aubert Name of Person | - |
| | Frami | rest Rousing (| Construction.LLC |
| | 4809 Will | lians Rd | |
| | Pace faith | City/State and Zip Code Cope used for future annual report notifications. | h.net |
| For further information | concerning this matter, please ca | all: | |
| Faith | Albert of Person | at (82) Area Code Daytime | 7-2153 e Telephone Number |
| Enclosed is a check for | the 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

| Framing + | looding Con | struction, L | LC | | |
|--|--|---------------------------------------|--|-------------|---------------------|
| (Name of the Limited | Liability Commany as it no Florida Limited Liability Co | w appears on our records.) mpany) | | | |
| The Articles of Organization for this Limited Liab | | d on 10/13/14 | 1 . | . assig | ned |
| Florida document number <u>L/4 000/5</u> 9 | 11à. | | | | |
| This amendment is submitted to amend the follow | ring: | | | | |
| A. If amending name, enter the new name of the limited liability company here: | | | | | |
| The new name must be distinguishable and contain the wor | ds "Limited Liability Compar | ny," the designation "LLC" or | the abbreviatio | n "L.L. | C." |
| Enter new principal offices address, if applicat | le: | · · · · · · · · · · · · · · · · · · · | | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | | | |
| | | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE B | <u></u> | | | | |
| | <u> </u> | | | 7. | |
| | | | , | 20 | 4. |
| B. If amending the registered agent and/or | registered office add | ress on our records, <u>e</u> | nter thê na | ime-lof | |
| registered agent and/or the new registered office | <u>ce address here</u> : | | (*) - 2, - 73 | Ξ | $t \in \mathbb{N}$ |
| | | | (<u>0</u> | ÷. | ? • • ** |
| Name of New Registered Agent: | | | コント 第二 | <u>ပာ</u> | |
| New Products of Office Address. | | | 3.4 | | |
| New Registered Office Address: | 1 | Enter Florida street address | <u>. ,</u> | | |
| | | , Florid | a | | |
| | 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

| 0 | |
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| | |

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 |
|--------------|-------------------|--|----------------|
| Ams 12 | Cody A. Thompkins | 4809 Williams Rd | 🗆 Add |
| | O | 4809 Williams Pd Pace, FL 32571 | Remove |
| | | | Change |
| AMBR | Robert Davis | Mas 4809 Williams Rd | Add |
| | | Pas 4809 Williams Rd Pace, FL 32571 | □ Remove |
| | | | Change |
| | • | | 🗖 Add |
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| fective date, if other the n effective date is listed, the d ote: If the date inserted in cument's effective date or | late must be specific a this block does no | ind cannot be prior t meet the applica | to date of filing or mable statutory filing | ore than 90 days after | onal) r filing.) Pur | suant to 605 not be liste | 5.020 :ed ε |
| record specifies a de | - | | t an effective t | ime, at 12:01 a | a.m. on (| the earli | er - |
| The 90th day after th | | | | , | | | |
| ta. 1 | 110 | , 2016 | <u>,</u> | | | | |
| ted <u>March</u> | Signature of | | | | | | |

Page 3 of 3

Filing Fee: \$25.00