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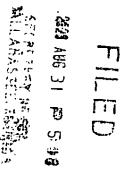
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COVER LETTER

Div	ision of Corp	porations						
SUBJECT:		TE CONSTRUCTION SERVI	ICES LLC					
SUBJECT.	 	Name of Lim	ited Liability Company		_			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return	all correspon	ndence concerning this matter	to the following:					
		JODY S. FRITZ						
			Name of Person					
CHARLOTTE CONSTRUCTION SERVICES LLC								
Firm/Company								
		P. O. BOX 494223						
			Address					
	PORT CHARLOTTE, FLORIDA 33949							
		JOE@CHARLOTTECONS						
		E-mail address: (to be used for future annual r	eport notification)				
For further in	nformation co	oncerning this matter, please ca	all:					
JOE (Jody)	FRITZ		941 626- at ()	-0361				
	Name of	Person	Area Code	Daytime Telephone No	ımber			
Enclosed is	a check for th	e following amount:						
□ \$ 25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enck	Cer osed) Cer	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)			

Mailing Address:

Registration Section

TO:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Limited	iny as it now appears on our re- Clability Company)	cords.)				
bility Company	were filed on 10/27/2014		and assigned			
<u> </u>						
ving:		型 ₂₂	<u> </u>			
he limited liab	ility company here:)	<u> </u>			
		7.				
ds "Limited Liabi	lity Company," the designation "	LLC or the abl	reviation "L.L.C."			
	320 Deleon Drive		<u> </u>			
	Port Charlotte, Florida	Ń.				
<u>,</u>	33980	(3)	ණ <u>.</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			P.O. BOX 494223 Port Charlotte, Florida			
gistered office a here: N/A	address on our records, <u>en</u>	ter the name	of the new regist			
	· · · · · · · · · · · · · · · · · · ·					
N/A	Faton Classification of	l desame	, <u>.</u>			
***	Enter Florida Street ad	ui ess				
N/A		Florida				
	pility Company ving: he limited liab ds "Limited Liabi ple: ADDRESS) OX) distered office: here: N/A N/A	politity Company were filed on 10/27/2014 ving: the limited liability company here: ds "Limited Liability Company," the designation " ple: 320 Deleon Drive Port Charlotte, Florida 33980 P.O. BOX 494223 Port Charlotte, Florida 33949 distered office address on our records, enthere: N/A N/A Enter Florida street address and the stree	bility Company were filed on 10/27/2014 ving: the limited liability company here: ds "Limited Liability Company," the designation "LLC" or the ability of the limited Liability Company," the designation "LLC" or the ability of the limited Liability Company, the designation "LLC" or the ability of the limited Liability Company, the designation "LLC" or the ability of the limited Liability Company, the designation "LLC" or the ability of the limited Liability Company, the designation "LLC" or the ability of the limited Liability Company here: ADDRESS) Port Charlotte, Florida 33980 P.O. BOX 494223 Port Charlotte, Florida 33949 distered office address on our records, enter the name here: N/A Enter Florida street address			

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

c. N/A

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

N/A			
	<u>.</u>		
			
		·	
			<u> </u>
tive date, if other than the date of filir	ng:	(optio	nal)
tive date, if other than the date of filin ffective date is listed, the date must be specific ar If the date inserted in this block does not	nd cannot be prior to date of filir	ng or more than 90 days after for	iling.) Pursuant to 605.0207 (
ment's effective date on the Department of			oute will not be listed as a
ord specifies a delayed effective date, but no	ot an effective time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
filed.			
August 27	2020		
·	0		
(17)	Neg _		
Signature of a	member or authorized represe	ntative of a member	
,			