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COVER LETTER

Registration Section

Division of Corporations

):

CHARLOTTE CONSTRUCTION LLC JBJECT: Name of Limited Liability Company ne enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: Jody Fritz Name of Person Charlotte Construction Services LLC Firm/Company PO Box 494223 Address Port Charlotte, Fl, 33949 City/State and Zip Code Joe@Charlotteconst.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: lody (Joe) Fritz Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address: Street Address:** Registration Section **Registration Section** Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHARLOTTE CONSTRUCTION LLC

(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)
he Articles of Organization for this Limited Liability Con- lorida document number L14000166816	npany were filed on 10-27-2014 and assigned
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limite	d liability company here:
HARLOTTE CONSTRUCTION SERVICES LLC	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRE.	<u>(33)</u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
N. CN. D. L. LA	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered A	City Zip Code
provisions of all statutes relative to the proper and com accept the obligations of my position as registered age	d agree to act in this capacity. I further agree to comply with the aplete performance of my duties, and I am familiar with and at as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
_	
	If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

<u>itle</u>	<u>Name</u>	Address	Type of Action
 			□Add
			/ □Remove
			Change
			□Add
			□Remove
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If the date inserted in this bloc	k does not meet the applicable statutory f	(optional) or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as
ment's effective date on the Dep	artment of State's records.	
ord specifies a delayed effective of filed.	late, but not an effective time, at 12:01 a.	.m. on the earlier of: (b) The 90th day after the
12 NOVEMBER		
Du	gnature of a member or authorized representa	
	desture of a member or authorized represents	tive of a member
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Filing Fee: \$25.00