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COVER LETTER

Division of Corp			
SUBJECT:Wilm	not & Keaton Commercia	al Contractors, LLC	
		-	
	Teresa J Sweetalla	Name of Person	
	Keaton Commerc	Name of Person eaton Commercial Contractors, LLc Firm-Company 817 NW 8th Place Address cala, FL 34475 City/State and Zip Code eresa@KeatonCommercial.com E-mail address (to be used for future annual report notification) his matter, please call: at (352) 438-2250 Area Code Daytime Felephone Number g amount: 00 Filling Fee & S55,00 Filing Fee & S60,00 Filling Fee, tificate of Status (Certified Copy (additional copy is enclosed) Certified Copy	
	2817 NW 8th Place		
	Ocala, FL 34475	City. State and Zip Code	
	Teresa@KeatonCo	ommercial.com	rfication)
For further information co	oncerning this matter, please co	all:	
Teresa J Sweetalla	CD	at (352) 438-2250)
Name of	i e ei soii	Area Code Dayun	e releptione Number
Enclosed is a check for th	ne following amount:		
□ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
MAILI	ING ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations Clinon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 JUL - 9 PH 4:00

Zip Code

Wilmot & Keaton Commercial Contrac	etors, LLC
(<u>Name of the Limited Lighility Compa</u> (A Florida Limited I	ns as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000180094</u> .	were filed on LLC Filed: 11-14-2014 and assigned Effective: 11-21-2013 *Company was prev. an INC
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
Keaton Commercial Contractors, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "FEC" or the abbreviation "FEC."
Enter new principal offices address, if applicable:	2817 NW 8th Place
Principal office address MUST BE A STREET ADDRESS)	Ocała, FL 34475
(Same)	
Enter new mailing address, if applicable:	2817 NW 8th Place
Mailing address MAY BE A POST OFFICE BOX ₁	Ocala, FL 34475
(Same)	
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address her	<u>c</u> :
Name of New <u>Registered Agent</u> : (Same)	 ,
New Registered Office Address:	
(Same)	Enter Florida street address
	674

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, it 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.

City

If Changing Registered Agent, <u>Signature of New Registered Agent</u>
(Same) James Andy Keaton

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

	Manager Authorized Member	(No Changes)		
<u>Title</u>	<u>Name</u>		Address	Type of Action
		-		Add
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				Change
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				□ Change
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Page 3 of 3

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