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SECRETARY OF STATE
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1. HAPAPTON

COVER LETTER

TO:	Registration Sec Division of Corp								
enn n		N CONSTRUCTION, LLC							
SUBJI	:CI:	F:Name of Limited Liability Company							
The en	closed Articles of A	Amendment and fee(s) are subr	nitted for filing.						
Please	return all correspor	idence concerning this matter t	to the following:						
		TRAVIS ANDERSON							
			Name of Person						
			Firm/Company						
		3325 AUBURN ROAD							
			Address						
		CRESTVIEW, FL 32539							
			City/State and Zip Code						
		E-mail address: (t	to be used for future annual report noti	fication)					
For tu	rther information ec	oncerning this matter, please co	ult:						
TRAV	/IS ANDERSON		850 758-7982						
	Name of	Person	Area Code Daytim	e Telephone Number					
Enclos	sed is a check for th	e following amount:							
= \$2	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

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

s of Organization for this Limited Liability Company were filed on DECEMBER 5, 2014 and as

The Articles of Organization for this Limited Liability Co	ompany were filed on DECEMBER	5, 2014 and assigned
Florida document number L14000186267	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	document number L14000186267 mendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: mame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the address of the limited Liability Company, the designation "LLC" or the address of the limited Liability Company, the designation "LLC" or the address of the limited Liability Company, the designation "LLC" or the address of the limited Liability Company, the designation "LLC" or the address of the limited Liability Company, the designation "LLC" or the address of the limited Liability Company here: mame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the address of the limited Liability Company. The designation "LLC" or the address of the limited Liability Company. The designation "LLC" or the address of the limited Liability Company. The designation "LLC" or the address of the limited Liability Company. The designation "LLC" or the address of the limited Liability Company. The limited Liability Company here:	
The new name must be distinguishable and contain the words "Limit	led Liability Company," the designation "	
Enter new principal offices address, if applicable:		AFE
•••	ce address MUST BE A STREET ADDRESS)	
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Enternance well-send less 20 Hz 11		OR TAT
	70	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe	ered office address on our reco	ords, enter the name of the new
registered agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
	Cin	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

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

Title	<u>Name</u>	Address	Type of Action
MGR	FELICIA E. ANDERSON	3325 AUBURN ROAD	<u></u>
		CRESTVIEW, FL 32539	☐ Remove
			Change
			Remove
			Change
			
			☐ Remove
			☐ Change
			□ Add
			Remove
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		18114	Add
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Tective date, if other than the da an effective date is listed, the date must be	specific and cannot be prior to o	date of tiling or more than 90 days a	Hional) fler filing.) Pursuant to 605.0.
ote: If the date inserted in this block neument's effective date on the Depa	does not meet the applicabl	e statutory filing requirements,	this date will not be fisted
e record specifies a delayed e	ffective date, but not a	in effective time, at 12:0:	1 a.m. on the earlier
The 90th day after the record	l is filed.	·	
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- raves for	nature of a member or authorize	ed representative of a member	- 33 6 8
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TRAVIS ANDERSON			٠

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Filing Fee: \$25.00