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## COVER LETTER .

TO;	Registration Se Division of Cor			
SUBJE		AC CONSTRUCTION LLC		
NODIN		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
		CANDICE MACHAK		
		CANDIMAC CONSTRUC	Name of Person ETION LLC	
		1304 N 46TH AVE	FirnvCompany	
		PENSACOLA FL 32506	Address	
		CANDIMACHAK@GMAI		
For furth	ner information e	E-mail address: ( oncerning this matter, please ca	to be used for future annual report no all:	diffication)
CANDI	СЕ МАСНАК		850 607-7500	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed	I is a check for t	he following amount:		
<b>■</b> \$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)

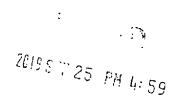
MAILING ADDRESS:

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



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

The Articles of Organization for this Limited Liability	Company were filed on 03-11-2015	and assigned
Florida document number L15000028749	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	.imited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del> </del>
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JUSTIN HARVILLE	1017 N 49TH AVE	
v <del>=-1</del>		PENSACOLA, FL 32506	□ Add
			<b>■</b> Remove
			Change
			□ Add
			☐ Remove
			□ Change
			□ Remove
			☐ Change
			Remove
			☐ Change
			☐ Remove
			□ Change
			Add
			□ Remove
			Change

D. II amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	<u> </u>
-	
(If an effective Note: If the	late, if other than the date of filing:
If the record (b) The 90t	specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier of: th day after the record is filed.
Dated	and of a member or authorized representative of a member
(	Signature of a member or authorized representative of a member  Andice Machae  Typed or printed name of signee