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## **COVER LETTER**

TO: Registration Section Division of Corporations		
	ONSTRUCTION Ser mited Liability Company	vices, LLC
The enclosed Articles of Amendment and fee(s) are sul	•	
Please return all correspondence concerning this matter	r to the following:	
Kimber	Mame of Person	
·····	Firm/Company	<del></del> > 📆 🗃
4066 120	Healou Of	
1000 000	Address	$ \alpha$
clacksm	ville, FL 322	02
<u> </u>	City/State and Zip Code	
Officens E-mail address:	nager of 2017 (to be used for future annual report notifies	e ginail, com
For further information concerning this matter, please of	•	_
Kimberly Barlow Name of Person	at ( <u>POH</u> ) <u>3 82 - c</u> Area Code Daytime T	2026 clephone Number
Enclosed is a check for the following amount:		
\$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

The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number L150000491,55 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member Title Name **Address Type of Action** Maddin 11533 Karuba Cart Patrox Brown Clermont, FI 34715 \_□ Change \_□ Add □ Remove Change □ Remove ☐ Change □ Add ☐ Remove \_□ Change \_ 🗆 Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

\_\_\_\_ □ Change

). Iť am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an et <u>Note:</u>	tive date, if other than the date of filing: Hold QOB (optional)  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed an ent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier is 90th day after the record is filed.	of:
Dated	May 18 . 2018.	
	Signature of a member or authorized representative of a member	
	Kimberty Barlow Typed or printed name of signee	

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Filing Fee: \$25.00