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2015 JUNI 15 PH 4: 36

K.SALY EXAMINER JUN 16 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 3 210NS CONSTRUCTION STRVICES 26C Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
LESLEY F GREEN Name of Person
3 LIONS CONSTRUCTION SORVICES, LLC
1640 BARTOW ST Address
LONGWOOD, FL 32750
City/State and Zip Code LESLEYLF& MSN. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407 461- 2683) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \(\text{Certificate of Status} \) \[\begin{array}{c ccccc} \ & & & & & & & & & & & & & & & & & & &

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 Co	MONGTRUCT/ mpany as it now appears on our re- ited Liability Company)	ond SERVICES, C
The Articles of Organization for this Limited Liability Comp Florida document number <u>L150005141.</u>		and assigned
This amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		100 P
(Mailing address MAY BE A POST OFFICE BOX)		36
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
	City	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 = Ma AMBR = Au	nager thorized Member		
Title	<u>Name</u>	Address	Type of Action
NGR	BRYAN GREEN	1640 BARTON	S/ Add
		LONGWOOD, PL 32	
			□ Change
MGR	CODY SASVARI	1009 5AST 2nds	_#≥_□ Add
		SANFORD, FL 3.	2771 Remove
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an effective date is list ote: If the date inse	her than the date of ed, the date must be spe crted in this block doo date on the Departm	cific and canno es not meet t	ne applicable	te of filing or more statutory filing r	than 90 days afte	ional) or filing.) Pursua is date will no	nt to 605.020 t be listed a
record specifie The 90th day at	s a delayed effecter the record is	ctive date, filed.	but not ar	effective tin	ne, at 12:01	a.m. on the	e earlier o
ated JUN	e 12th	, á	D15				
	Signati	Joseph Lire of a member	or authorized	representative of	a member		

Page 3 of 3

Filing Fee: \$25.00