4500051417

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800276428938

08/31/15--01912--003 **28.00

15 AUG 31 FM 4: 23

SEP 0 2 2015 S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3 LIONS CONSTRUTION SERVICES LLC
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:

	LE	SLEY F GRE	EN	
		Name of Person		
	3 LIONS C	ONSTRUCTION S Firm/Company	ERVICE S	, LLC
	1640 B	Address	27	₹ 35
	LONG WOL	OD, FL 327. City/State and Zip Code	750	AUG 31
	LESLEY E-mail address: (FG @ MSN. Co to be used for future annual report notifi	om []	ED #
For further information of	oncerning this matter, please c	all:	经带	23
	FY GREEN fPerson	~	- 2683 Telephone Number	-
Enclosed is a check for the	ne following amount:			
\$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 St Certified Copy (additional copy is a	atus &

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 3/23/15 Florida document number <u>11500005</u> 1417. 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 Liability 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) 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 the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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 **Type of Action** Title Name Address BRYAN GREEN 1640 BARTON ST. LONGWOOD, FL 32750 ☐ Change □ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change -25 □-Remove □-Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

		 				_
					 	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				_
	<u> </u>					
				<u> </u>		
	_					
						—
				· · · · · · · · · · · · · · · · · · ·		
				<u> </u>	-दर्भ	
)Ui	
					<u>ယ</u>	<u></u> 1
				1200	프	j
					h: 27	
	····					
ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the cument's effective date on the Department of State's re	applicable st	of filing or more that to the state of the s	(opti nan 90 days after puirements, this	filing.) Pu	rsuant to not be	o 605. e liste
record specifies a delayed effective date, be the 90th day after the record is filed.	ut not an	effective time	e, at 12:01 a	a.m. on	the e	arlie
August 28th, 20)15					

Page 3 of 3

Filing Fee: \$25.00