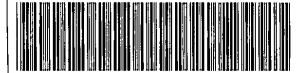
## 1500052859

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 23, 2017

MARTIN R STRIPLING JR 3955 ROLLING HILL CT W LAKE WALES, FL 33898

SUBJECT: STRIPLING BROTHERS CONSTRUCTION, LLC

Ref. Number: L15000052859

We have received your document for STRIPLING BROTHERS CONSTRUCTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 317A00010407

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Stripling Brothers  | Construction LLC   |
|---|--|
| Name of the Limited Liability (<br>A Florida Li   | Company as it now appears on our records.) mited Liability Company)      |
| The Articles of Organization for this Limited Liability Com   | npany were filed on March 24 2015 and assigned                           |
| Florida document number <u>L15000052859</u> .   |  |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited  | d liability company here:  |
| The new name must be distinguishable and contain the words "Limited   | d 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 ADDRES  | <u>ss)</u>   |
|   | - 7  |
|   |  |
| Enter new mailing address, if applicable:   | SSE SE                                  |
| Mailing address MAY BE A POST OFFICE BOX)   |  |
|   |  |
|   | <b>.</b>   |
| <ol> <li>If amending the registered agent and/or register registered agent and/or the new registered office addres</li> </ol> | red office address on our records, enter the name of the ress here:      |
| N.4   | and Duller of T  |
| Name of New Registered Agent:   | tin Richard Stripling Tr.  |
| New Registered Office Address:  |  |
|   | Enter Florida street address   |
|   | , Florida  |
|   | City Zip Code  |

If Changing Registered Agent, Signature of New 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.

|                      | Authorized Person(s) authorized to ma<br>rom our records: | nage, enter the title, name, a | and address of each person being add |
|----------------------|---|--------------------------------|--------------------------------------|
| MGR = Ma $AMBR = Au$ | nnager<br>athorized Member                                |                                |                                      |
| <u>Title</u>         | Name  | Address                        | Type of Action                       |
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| Note: If the date in | other than the date isted, the date must be spaceted in this block do date on the Departs | oes not meet the  | applicable stati  | filing or more than sutory filing require    | (option 100 days after from the control of the | <b>181)</b><br>ding.) Pursu<br>date will no | ant to 60:<br>of be list | 5.0207 (<br>ecd as t |
|                      | fies a delayed effor<br>after the record i  |                   | ut not an eff     | fective time, at                             | : 12:01 a.  | m. on th                                    | e earli                  | er of:               |
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|                      | Signa   | stare of a member | ir authorized rep | resentative of a men                         | ider  |   |                          |                      |

Page 3 of 3

Filing Fee: \$25.00