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SECRETARY OF STATE

D. SCOTT

COVER LETTER

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Registration Section
Division of Corporations

MAILING ADDRESS: Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT: T- Dawg Construction LCC	
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:	
Terry Larson	
1 mile of a feature	
T-Dawy Construction LLC	
511 Oleander St Address	
	1
Neptune Beach, FC 30066	ILE U
Neptune Beach, FC 30066 City/State and Zip Code Idawa Construction @ amail. com E-mail address: (to be used for future annual reparanotification)	C
E-mail address. (to be used for future alitual repurpositionation)	
For further information concerning this matter, please call:	
Terry Larson at (904) 612-9283 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status & Certified Copy (additional copy is enclosed)\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$}\$\$	

STREET/COURIER ADDRESS:

Committee Commit

2661 Executive Center Circle

Registration Section Division of Corporations

Tallahassee, FL 32301

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T-Dawa Construct	tion CCC	•
T-Dawg Construc.7 (Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L15000053017</u>	. 1	iassigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation	n "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:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ring of the new
Name of New Registered Agent:		LED 26 PH
Name of New Registered Agent.	Öij	?
New Registered Office Address:	Enter Florida street address	8
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e second control of the control of t	, Florida	ode

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Joseph L. Mowery	552959 US Highway. Hilliard, FL 32046	1 DAdd
:	<u> </u>	Hilliard, FL 32046	☐ Remove
•			Change
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			Remove
			☐ Change
			☐ Remove
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ctive date, if other the other the other than the control of the c	date must be specific ar n this block does not	nd cannot be prior to meet the applicab	date of filing or more le statutory filing	(option than 90 days after firequirements, this c	nal) ling.) Pursuant to 605.020 late will not be listed a
e 90th day after t	he record is filed	_			m. on the earlier o
Septem	pr 23	, 2016	· ·		
/	Jan V. L	Z			
	Cindonia - C-				

Page 3 of 3

Filing Fee: \$25.00