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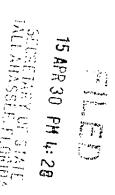
(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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04/30/15--01024--004 **30.00



TO: **Registration Section Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Frederic (onne.)
Name of Person Firm/Company For further information concerning this matter, please call: Enclosed is a check for the following amount: **□** \$30.00 Filing Fee & □ \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status &

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Pure Con	struction LLC	
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability		<u>○\S</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company "the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	vistand office address on our records on	To the new of the new
registered agent and/or the new registered office ac	· 	SSE SO
Name of New Registered Agent:		P (m
New Registered Office Address:	Enter Florida street address	F
		5 (6
	, Florida	I 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 = ·Manager ·

AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			☐ Add	
			□ Remove	
			Change	
				
			□ Remove	
			☐ Change	
			Add	
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		***************************************	□ Change	
		······································	Add	
			☐ Remove	
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D. If amending any other information, enter change(s) here: (Attach additiona	l sheets, if necessary.)
• • •	
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	RID.
E. Effective date, if other than the date of filing: 28/15 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective tim (b) The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier of:
Dated 4/28/15 ,-11:03 am	
Signature of a member or authorized representative of a	n member
Frederic Connell Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00