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M. MILLIGAN MAY - 2 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: OCECA CONTRA CTOR'S GROUP, 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:	
ALDRES F. LEWIZE Name of Person	
HAA MAINT. SUPPLIES Firm/Company	
6187 NW 167TH STREET H24	
MIOMI, FLORIDA. 33015 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
And Deed For the Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certificate of Status}\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$\$\$\$\$ \$Certified Copy (additional copy is enclosed)\$	Status & y

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



Zip Code

OUTER CONTRAC	CTORS GROUP, LLC.
(Name of the Limited Liability Compa (A Florida Limited I.	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\bigvert \frac{15000111300}{111300} \)	were filed on $\frac{6/26/20)5}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil. JA J CONSTRUCT GE The new name must be distinguishable and contain the words "Limited Liabil"	POUP, LLC.
	ny Company, the designation "LLC or the appreviation "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 of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Areet address
	71

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.

City

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 = N $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
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refrective date is listed, the date made: If the date inserted in this beament's effective date on the I record specifies a delayer he 90th day after the re-	ust be specific and cannot be block does not meet the a Department of State's record defective date, but cord is filed.	e prior to date of filing or applicable statutory filicords. ut not an effective	more than 90 days after filing requirements, this days after this days after filing requirements, this days after filing requirements, this days after filing requirements.	ng.) Pursuant to 605.020 ate will not be listed a
reffective date is listed, the date mite: If the date inserted in this burnent's effective date on the I record specifies a delayer the 90th day after the re-	ust be specific and cannot be block does not meet the a Department of State's record defective date, but cord is filed.	e prior to date of filing or applicable statutory filicords. ut not an effective rauthorized representative	more than 90 days after filing requirements, this date time, at 12:01 a.m	ng.) Pursuant to 605.020 ate will not be listed a
ective date, if other than the effective date is listed, the date mate: If the date inserted in this beament's effective date on the I record specifies a delayer he 90th day after the record	ust be specific and cannot be block does not meet the a Department of State's record defective date, but cord is filed. Signature of a member of Autority	e prior to date of filing or applicable statutory filicords. ut not an effective rauthorized representative	more than 90 days after filing requirements, this days after this days after filing requirements, this days after filing requirements, this days after filing requirements.	ng.) Pursuant to 605.020 ate will not be listed a

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