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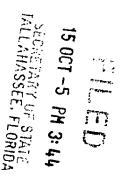
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Special Instructions to	Filing Officer:	
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## COVER LETTER

TO:	Registration Sect Division of Corpo						
SUBJE	ст: <u>R</u> €	Name of Lim	ited Liability Company	لدد			
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please 1	return all correspond	lence concerning this matter	to the following:				
		Ervi	S Muska	}			
		Revis	Corour Cons	struction Lik	<u>.                                    </u>		
		liebs m	anciarin Rd Address				
		Jacksonu	Ne PL 37 City/State and Zip Code	7923			
		E-mail address: (	to be used for future annual	report notification)	<del></del>		
For fur	ther information cor	cerning this matter, please ca					
Ervis muskaj Name of Person			at (904) 861-4363 Area Code Daytime Telephone Number				
Enclose	ed is a check for the	following amount:					
<b>⊠</b> \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enc	losed) Cer	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)		

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

Revis Croup C	onstruction LLC		
(A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 7-13-15	and assigned	
Florida document number <u>L 1500012003</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ollity company here:	,	
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)		FILCRETARY OF STATE PLORE	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the ne	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	_		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my duties, and i provided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

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 = Manager

AMBR = Authorized Member <u>Title</u> **Address** Type of Action Name Ervis Muskay MGR 11665 Mandarin Rd **™**Add Jacksonville, FL 32223 | Remove ☐ Change 4295 Sunbean Rd Renalat Fetachou WC-1 Jacksonville, FL 38857 ☐ Remove AMBR Besmir Muskai 9102 Trevi Circle W Jacksonville, EL 32257 Southbrook or APP 3406 HWBR Klajdi murati 9765 Jacksonville, FL 32256 ☐ Change □ Add ☐ Remove

☐ Change

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fective date, if other than neffective date is listed, the date	n the date of fili	ing:	to date of filing	or more than 90	_ (optional)	Discuss	ta KN5	. 0.2
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cument's effective date on	the Department of	f State's records.	•					
record specifies a de The 90th day after the	layed effective e record is file	: date, but no d.	t an effecti	ve time, at 1	2:01 a.m. c	n the	earlie	er
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·····	Signature of	a member of autho	or represent	ative of a member	r		<del></del>	

Page 3 of 3

Filing Fee: \$25.00