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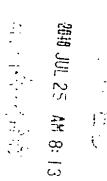
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COVER LETTER

TO:	Registration S Division of Co			
CUDIC	TC CONS	STRUCTION SPECIALIST, LI	LC	
SUBJE	CT:	Name of Lir	nited Liability Company	
		f Amendment and fee(s) are sul ondence concerning this matter	<u>-</u>	
		THOMAS J COLEMAN	JR	
			Name of Person	
		TC CONSTRUCTION SI	PECIALIST LLC	
			Firm/Company	<u> </u>
		1149 ANDERSON ST		
			Address	
		DELTONA, FL 32725		
		· <u>·</u>	City/State and Zip Code	
		TCCONSTRUCTIONLLC	•	
		E-mail address: (to be used for future annual report no	tification)
For furth	ner information c	concerning this matter please c	all:	
THOMA	AS COLEMAN	JR	386 956-0089	
	Name o	f Person	·	ne Telephone Number
Enclosed	lis a check for th	ne following amount:		
\$25,	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	MAIL	ING ADDRESS:	STREET/COUR	IER ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TC CONSTRUCTION SPECIALIST LLC

(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our record mited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Com Florida document number L15000120634	npany were filed on JULY 15, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
NO CHANGE		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NO CHANGE	
Principal office address MUST BE A STREET ADDRES	35)	
inter new mailing address, if applicable:	NO CHANGE	
Mailing address MAY BE A POST OFFICE BOX)		25
		. >
		, co ,
s. If amending the registered agent and/or registere	ed office address on our records,	enter the name of the
egistered agent and/or the new registered office address	s here:	C.
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	Flor	rida
•	City	7in 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 nerson being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RENEE L COLEMAN	1149 ANDERSON ST	🖾 Add
		DELTONA, FL 32725	■ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
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			☐ Remove
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DATE OF FILM	G OF THIS FORM		
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If the date inserted in this block does not meet the applicable s nent's effective date on the Department of State's records.	tatutory filling requirements.	this date will in	oi be lisi
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cord specifies a delayed effective date, but not an	effective time at 12:0	1 4	
e 90th day after the record is filed.	enective time, at 12.0	ı a.ıır çı tın	ie earii
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Signature of a member or authorized i			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00