Division of Corporations Electronic Filing Cover Sheet

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOVERIGN CONSTRUCTION LLC

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October 4, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SOVERIGN CONSTRUCTION LLC 7880 N. UNIVERSITY DR STE 200 TAMARAC, FL 33321

SUBJECT: SOVERIGN CONSTRUCTION LLC

REF: L15000151448

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is F06000004344 "SOVEREIGN CONSTRUCTION, INC.".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly FAX Aud. #: H18000287640
Regulatory Specialist II Letter Number: 418A00020665

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Soverign Construction UC  (Name of the Limited Liability Company as it now appears on our records.  (A Flunda Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 9 3 15 Florida document number <u>L 15000151448</u> .	and assigned
This amendment is submitted to amend the following:	. 3
A. If amending name, enter the new name of the limited liability company here:	* &
A. If amending name, guter the new name of the limited liability company uses.  Sovereign Construction Group LLC  The 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:  (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 office address on our recor- registered agent and/or the new registered office address here:	ds, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street add	iras
City	FloridaZip 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 Type of Action Address Togo N. University Dr. Gte 200 MAGO Tamarac, FL 33321 Name Title Jose E. Lopez JR. MGR ☐ Remove .\_\_ Add \_\_\_ \_ Remove \_⊡ Change \_□ Add ☐ Remove ☐ Change \_ 🗆 Add 🗆 Chargo \_□ Add \_ Changs DA □ □ Remove \_\_\_\_ Change

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