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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

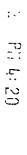
Office Use Only

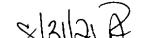


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RECEIVED
AUG 2 3 2021





COVER LETTER

TO: Registration Section
Division of Corporations

	ONSTRUCTION, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	MARSHALL LEE		
		Name of Person	
	TBH CONSTRUCTION, I	.1.C	
		Firm/Company	
	18121 PATTERSON ROA	AD.	
		Address	
	ODESSA, FLORIDA 335	56	
		City/State and Zip Code	
	MARSHALLTPA@GMAI		
	E-mail address: (to be used for future annual report not	ification)
For further information	n concerning this matter, please c	all:	
THOMAS HARMON		813 842-8688 at ()	
Nam	e of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	S30.00 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)
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TBH CONSTRUCTION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	bility Company were filed on 07/02/2021	and assigned
Florida document number £15000194072		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:	gistered office address on our records, enter the name	
New Registered Office Address:		
	Enter Florida street address	<u> </u>
	, Florida	
New Desistance Agent's Signature if shanging De	, Florida, City	Zip Codes
provisions of all statutes relative to the proper accept the obligations of my position as regist	agent and agree to act in this capacity. I further agree rand complete performance of my duties, and I am fortered agent as provided for in Chapter 605, F.S. Or, egistered office address, I hereby confirm that the lin	cee to comply with the amiliar with and if this document is

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
AMBR CLIFFORD KOSCI	CLIFFORD KOSCHNICK	18121 PATTERSON ROAD	≅Add
		ODESSA, FLORIDA 33556	Remove
			□Change
			□Add
			□Remove
			Change
			[]Add
		□Remove	
			□Remove
			Change
		□Add	
		□Remove	
			Change
		[]^dd	
		🗀 Remove	
		□Change	

Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purstaint to 605. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The effective date and the defective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after rid is filed. Dated Clay 1 2 22 1	
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Signature of a sember or authorized representative of a member	
THOMAS B. HARMON	