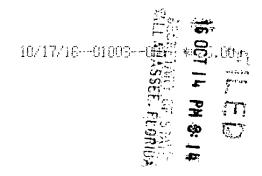
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HLK CONSTRUCTION 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: Patricia C Marlow Name of Person
HLK Construction LLC Firm/Company
1491 Shadeville Rd Address
Christine, Marlow 07 @ amail. com E-mail address: (to be used for future annual proport notification)
For further information concerning this matter, please call:
Patricia Christine Marlow at (850) 933-3299 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional 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

HLK Consti	iction LLC	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab		5 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>ente</u> ce address here:	r theoname of the new
Name of New Registered Agent:		S 4
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 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

<u>Title</u>	<u>Name</u>		Address			Type of Action
AMER	Jonathan	Andrew Marlow	1491	Shadourlle Ro	1 Crawfor	dulle P2 32327
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E. 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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date adocument's effective date on the Department of State's records.) Püisuant to 505.0207 (3)(
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the 90th day after the record is filed.	on the earlier of:
Dated 10-14 2016	
Dated 10-14 2016, Patricia Christing Mailer: Signature of a member or authorized representative of a member	
Patricia Christine Marlow	

Page 3 of 3

Filing Fee: \$25.00