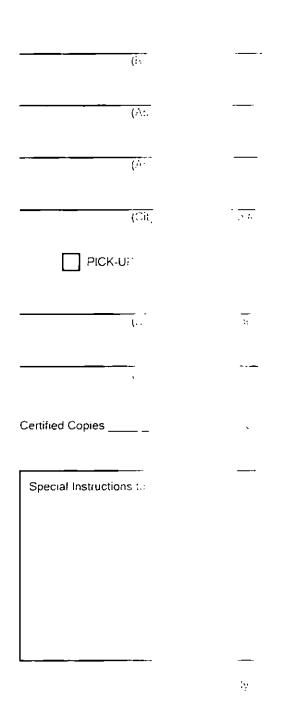
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## **COVER LETTER**

| TO: Registration Section Division of Corporations   |   |
|---|---|
| SUBJECT: ST CONSTRUCTION Services 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:   |   |
| Name of Person  |   |
|   |   |
| 2125 Acron Ave  |   |
| Control of de FL 32442  |   |
| City/State and Zip Code VOSalun_842eccellotmail.com   | 7 |
| E-mail address: (to be used for future annual report notification)  |   |
| For further information concerning this matter, please call:  |   |
| at (\$\frac{\sqrt{2}}{2}\)  |   |
| Name of Person Area Code Daytime Telephone Number   |   |
| Enclosed is a check for the following amount:   |   |
| ☐ \$25.00 Filing Fee Certificate of Status  Certificate of Status  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

| StJ Consi  | truction Stric   | exuc                |
|--|--|---------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited !   | ny as it now appears on our records.)<br>hability Company) |                     |
| The Articles of Organization for this Limited Liability Company Florida document number <u>II (COOO) O 439</u> 9       | were filed on Jan, 14, 16                                  | and assigned        |
| This amendment is submitted to amend the following:  |  |                     |
| A. If amending name, enter the new name of the limited liab  | ility company here:  |                     |
|  |  | and Co              |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC" or the ab-            | breviation "L.L.C.  |
| Enter new principal offices address, if applicable:  |  | <u>.</u> , <u> </u> |
| (Principal office address MUST BE A STREET ADDRESS)  |  |                     |
|  |  |                     |
| Enter new mailing address, if applicable:  |  | ₩ E                 |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | <del></del>         |
|  |  |                     |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | office address on our records, <u>enter</u><br>re:         | the name of the new |
| Name of New Registered Agent:  |  |                     |
| New Registered Office Address:   | Enter Florida street address                               |                     |
|  |  |                     |
|  | , Florida<br>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<br>AMBR = Authorized Member |  |  |
|---|--|--|

| Title  | <u>Name</u>   | Address                             | Type of Action   |
|--------|---------------|-------------------------------------|------------------|
| IMBR   | Jason Jones   | 2125 Amon Ave                       | Add              |
|        |               | DIDE Amon Ave<br>Cornditidge FC 324 | / }-<br>□ Remove |
|        |               |                                     | Change           |
| AMBR   | Mike Martinez | 3029 Sanderday Chun                 | 1/2. DAO         |
|        |               | 21. Smade F1 324.17                 |                  |
|        |               |                                     | Change           |
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|        |               |                                     | □ Remove         |
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| #11-## |               |                                     | D Add            |
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|  | <del></del> -                                   |                                       |                        | _                |
| 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 mo  Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records. | (op<br>ore than 90 days at<br>g requirements, t | fter filing.) Pursu                   | ant to 60<br>of be li: | 05.020<br>sted a |
| he record specifies a delayed effective date, but not an effective t<br>The 90th day after the record is filed.  | ime, at 12:0                                    | 1 a.m. on th                          | ie ear                 | lier o           |
| Dated Jan, 08, 18  |   |                                       |                        |                  |
|  | <b>、</b> 〜ノ 〜                                   |                                       |                        |                  |

Page 3 of 3

Filing Fee: \$25.00