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Division of C	drporations				
Fyner Co	onstruction of NWF, 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	spondence concerning this matter	to the following:			
	Brenda Chambers				
		Name of Person			
		Firm/Company			
	603 N Ferdon Blvd.				
		Address			
	Crestview, FL 32536				
	brenda@tbserestview.com	City/State and Zip Code	leation)	2016 Fi	7
	E-mail address: (	to be used for future annual report notif	ication)	rij ""	8 n===
For further information	n concerning this matter, please c	all:	the second	FEB 10 A	<b>"</b>
Brenda Chambers		850 423-1099 at ()	mg Tes On		-
Nam	e of Person	Area Code Daytime	Telephone Number	0	
Enclosed is a check fo	r the following amount:				
夏 \$25,00 Fitting Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Co	of Status &	

## MAILING ADDRESS:

Registration Section

TO:

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

Tyner Construction of NWF, 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 Liability Company were filed on  $\frac{01/28/2016}{}$ and assigned Florida document number [L16000019899 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_

### 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 = Authorizéd Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jimmy L. Cassady	122 County Highway 1087	<b>=</b> Add
		DeFuniak Springs, FL 32433	☐ Remove
			Change
<del></del> -			Add
		☐ Remove ☐ Change ☐ Remove ☐ Change ☐ Change ☐ Change	
		- Marie Marie Carlotte	□ Change
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ctive date, if other than the effective date is listed, the date muse: If the date inserted in this blument's effective date on the Defective date.	t be specific and cannot ock does not meet the	e applicable s	e of filing or natatutory filin	iore than 90 da	(optiona ys after filir its, this da	ig.) Pursi	uant to 605.0 not be listed
ecord specifies a delayed ne 90th day after the rec		out not an	effective	ime, at 12	::01 a.m	. on ধ	he earlie
February 06	2016	<u>.</u>					
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James W Ty	Signature of a member	or authorized	representative	of a member			

Page 3 of 3

Filing Fee: \$25.00