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COVER LETTER

Division of Corporations
SUBJECT: Lindah L Cottstruction L. L. C. 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:
Adam Lindahl Name of Person
Lindahl Coxistruction L.L.C.
1085 Sorveuto Woods Blud, Address
Nokomis, FL., 34
City/State and Zip Code Lindahlmanage Ment @ 9 mail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adam Lindahl at 941 704-7107 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limite	O HS U ed Liability Company (A Florida Limited Liab	as it now appears on	L.L.C.		
The Articles of Organization for this Limited Lie Florida document number <u>L16000</u>	ability Company we 2881.O	ere filed on <u>O</u>	/10/2016	2 and ass	igned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liabilit	y company hére:			
The new name must be distinguishable and contain the we	ords "Limited Liability	Company," the design	nation "LLC" or the ab	breviation "L.	L.C."
Enter new principal offices address, if applica	able:				_=
(Principal office address MUST BE A STREE	T ADDRESS)		<u>. </u>		sv
				<u>`</u>	<u> </u>
				27	
Enter new mailing address, if applicable:	-	=		<u> </u>	- 100 - 100
(Mailing address MAY BE A POST OFFICE I	BOX)			<u> </u>	됐 <u>년</u> - 철천 -
	-			<u></u>	— <u>%</u> — <u>——</u>
B. If amending the registered agent and/or the new registered of		e address on ou	r records, enter	the name	of the new
			,		
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Florida :	street address		
		City.	, Florida	Zin Cada	
New Registered Agent's Signature, if changing R	Registered Agent:	City		z.p Code	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this contains the company has been notified in writing of the contains the company has been notified in writing of the contains the contai	er and complete pe stered agent as pro registered office ad change.	rformance of my wided for in Cha ldress, I hereby c	duties, and I am fo oter 605, F.S. Or,	amiliar wit if this docu nited liabili	h and iment is ity

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
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an effective date is listed, Note: If the date inserted	than the date of filing: the date must be specific and cannot be prior to d in this block does not meet the applicable on the Department of State's records.	date of filing or more than 90 days af	tional) ter filing.) Pursuant to 60 his date will not be lis
The 90th day afte	delayed effective date, but not a the record is filed.	an effective time, at 12:01	a.m. on the earl
Dated 8/22	19018.		

Page 3 of 3

Filing Fee: \$25.00