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| | COVER LETTER |
| FO: Registration Section Division of Corporations | |
| SUBJECT: Tri-County Bui | Iding Services LLC imited Lindality Company |
| The enclosed Articles of Amendment and fee(s) are s | ubmitted for filing. |
| Please return all correspondence concerning this matt | er to the following: |
| Alaxica | Fernan de Z |
| | Name of Person |
| | |
| | Firm/Company |
| 4010 W. L | avrel St |
| | |
| Tampa | FL 33607 City/State and Zip Gode |
| | |
| E-mail addres | bn Lingservices @ amail.com s: (to be used for future annual report notification) |
| For further information concerning this matter, please | call: |
| Marico Fernandez | at (813) 789 - 666 Z Area Code Daytime Telephone Number |
| Name of Person | Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| \$25,00 Filing Fee \$25,00 Filing Fee \$ Certificate of Status | S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| MAILING ADDRESS: Registration Section | STREET/COURIER ADDRESS: Registration Section |
| Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 |

| ARTICLE | S OF AMI | ENDMENT | | ,1 |
|---|--|-----------------------------------|--|--------------------------------------|
| ARTICLES | | ANIZATIO | N | ALL ALL |
| | OF | | | LAHA LAHA |
| Tri-County Building (Name of the Limited Liability (A Florida | Scrvice y Company as it | S LLC | our records.) | VIRY OF |
| (A Florida | Limited Liability | (Company) | , | ល់ (៉ |
| The Articles of Organization for this Limited Liability Co | | filed on <u>2/2</u> | 23/2016 | and assigned (1) |
| This amendment is submitted to amend the following: | | | | |
| - | | | | |
| A. If amending name, enter the new name of the limit | ted hability c | ompany nere: | | |
| The new name must be distinguishable and contain the words "Linu | ited Liability Cor | npany," the design: | ation "LLC" or the abb | previation "L.L.C." |
| Enter new principal offices address, if applicable: | | 4010 W. | Lavel St | |
| (Principal office address MUST BE A STREET ADDR | ESS) | Tamya | Fe 3360 | 7 |
| | 1 | <u> </u> | | |
| | | | | |
| Enter new mailing address, if applicable: | _ | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | \ - | | | |
| | | | | |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr | | ddress on our | records, <u>enter (</u> | the name of the new |
| Name of New Registered Agent: | | <u> </u> | | |
| New Registered Office Address: | | | | |
| | , | Enter Florida st | reet address | |
| | <u> </u> | | , Florida | Tie Code |
| New Registered Agent's Signature, if changing Registered | i | iņi | | Zip Coae |
| I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and concept the obligations of my position as registered agenty filed to merely reflect a change in the registered company has been notified in writing of this change. | i and _i agree to c amplete perfo gent _i as provia | rmance of my d led for in Chap | duties, and I am fo ter 605, F.S. Or, i | amiliar with and if this document is |
| | If Changing F | Registered Agent, S | Signature of New Reg | eistered Agent |
| | Page 1 of 3 | | | |

| or removed | . 3 Authorized Person(s) authorized to n 6 from our records: | nanage, enter the title, name, and address of | each person being added |
|---------------------|--|---|-------------------------|
| MGR = M AMBR = A | lanager uthorized Member | | |
| <u>Title</u> | Name | Address | Type of Action |
| WPU | Gregory L Netzer | Springhill FL 34610 | |
| | | Springhill FL 34610 | Remove |
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| D. If amending any other information, enter cha | nge(s) here: | (Attach addit | ional sheets, if ned | cessary.) | |
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| Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and ca <u>Note:</u> If the date inserted in this block does not med document's effective date on the Department of State | et the applicable | date of filing or le statutory fili | more than 90 days after | cional) er filing.) Pursuant to iis date will not be | o 605.0207 (3 listed as th |
| the record specifies a delayed effective dato). The 90th day after the record is filed. | te, but not a | an effective | time, at 12:01 | a.m. on the e | arlier of: |
| Dated <u>Pecember 29</u> Mary Signature of a me | 2017 | zed representativ | e of a member | | - |
| Alarico | yped or printed | an de Z | | | _ |
| | Page 3 | of 3 | | | |

Filing Fee: \$25.00