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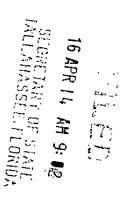
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APR 15 2016 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DAVE'S 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:
DAVID B. LEC Name of Person DAVE'S CONSTRUCTION LLC Firm/Company 310 HIGH RIDGE LN Address NEW SMYRNA BEACH FL 32168 City/State and Zip Code Indlee 48 D yahoo. com E-mail address: (10 be used for future annual report notification)
For further information concerning this matter, please call:
DAVID B. LEE at (386) 451-1560 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status (additional copy is enclosed) Certificate of Status & 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

DAVES CONSTR	UCTION LLC	
(Name of the Limited Liability Co (A Florida Limi	npany as it now appears on our records.) ted Liability Company)	
he Articles of Organization for this Limited Liability Compa	any were filed on 3-16-16 and assi	gned
lorida document number <u>L 160060 54386</u> .		
his amendment is submitted to amend the following:		
(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		
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L	C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	L L
	City Zip Code	-

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
<u>AMBR</u>	BRAD A. SUTTON	P.O.BOX 455 EDGEWATER, FL 32132	DAdd
		EDGEWATER, FL 32132	□ Remove
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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of e: If the date inserted in this block does not meet the applicable state		
ument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an eff	factive time at 12:01 a.m. on the earlie	or
he 90th day after the record is filed.		-1
DAVID B. LEE Typed or printed name of		
$ed = \frac{4^{-/1-i\varphi}}{}, = \frac{1}{2}$		
David B. Lee		

Page 3 of 3

Filing Fee: \$25.00