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COVER LETTER

TO:	Registration Se Division of Con			
SUBJE		nstruction Group, LLC		
		Name of Lin	nited Liability Company	
The enci	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Timothy Gibbens		
			Name of Person	
			Firm/Company	
		3370 Capital Circle NE, S	uite B	
			Address	
		Tallahassee, FL 32308		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		timg@anchorgroup.us		
For furth	er information c	e-mail address: (to be used for future annual report notific	:±10a)
	her Cayer	onorang nes name, presso :	850 877-1040	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		\ .
□ \$2 5.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ANCHOR CONSTRUCTOR	Company as it now appears on our records: 6 18 PH 3: 59 Imited Liability Company)
(A Florida L	imited Liability Company)
The Articles of Organization for this Limited Liability Cor	TETRETON LOF STATE
Florida document number L16000 117637	<i>.</i>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	. CC
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	Florida Florida
_	Cuy Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent at	nd agree to act in this capacity. I further agree to comply with t

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 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

Title	<u>Name</u>	Address	Type of Action
MUL	Kimberly Gibbens	3437 Paces Ferry Rd	A Add 🌉
		Tallahasse FL 32309	□Remove
			□Change
-			□Add
			□Remove
			Change
			□Add
			□Remove
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ective date, it reffective date is	other than the da	te of filing: specific and cr			or more than 90	(optional days after filing) z.) Pursuant to 605.0)207
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cument's effect	ive date on the Depa	rtment of Sta	te's records.					
cord specifies stilled.	delayed effective da	ate, but not ar	n effective tir	me, at 12:01 a	m. on the earl	ier of: (b) T	he 90th day after	the
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