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COVER LETTER

Registration Section

TO:

Division of Corp.	orations		
SUBJECT:	Costri Name of Lim	ited Liability Company	mat LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Chris	Metees Name of Person	
	C, 16 Con	Structus Mas	agenet LLC
	4203 C	smet Or Address	
	New Port	Richey FL City/State and Zip Code	3465)
	For cacinity E-mail address: (to be used fall future annual report not	ification)
For further information cor	ncerning this matter, please ca		
Name of I	erson	at ()) SUS Area Code Daytin	- 5 Jo 1 ne Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se	ection	<u>Street Address:</u> Registration Sc Division of Co	
Division of Co P.O. Box 6327	•	The Centre of	•
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cake Construction manage man le

(Name of the Limited Liability Company as it (A Florida Limited Liability	Company)
The Articles of Organization for this Limited Liability Company were f Florida document number <u>L\6000132747</u> .	iled on 7-14-2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	202
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	9 m 0
(Mailing address MAY BE A POST OFFICE BOX) ———	9
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	s on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBC</u>	Kirstyn McLees	4203 Conet D: NO GL 346	<u>Ω</u> _ □Add
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			□Add
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