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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	
<u></u>	, WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability) (A Florida Li	Company as it	S Construction LLC now appears on our records.) Company)	·	
The Articles of Organization for this Limited Liability Con	İ	led on <u>\$1012010</u>	and assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability co	mpany here:		
The new name must be distinguishable and contain the words "Limited	410-100-C	" d. d		
inc new name must be distinguishable and contain the words. Limited	а главину Соп	pany, the designation LLC of the aot	oreviation I.IC	•
Enter new principal offices address, if applicable:		/		7210
Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	_/		L E
		<u></u>	<u>\$</u> _	<u> </u>
			4	ASS
Enter new mailing address, if applicable:				10.1
(Mailing address MAY BE A POST OFFICE BOX)			4 7	700
			7.9	188 188
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.		dress on our records, <u>enter</u>	the name of	the new
Name of New Registered Agent:				
New Registered Office Address:	,			
New Registered Office Address.		Enter Florida street address	<u> </u>	
		, Florida		
	Cit		Zip Code	
New Registered Agent's Signature, if changing Registered A	\gent:			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete perfor nt as provide	nance of my duties, and I am fo a for in Chapter 605, F.S. Or,	amiliar with a if this doc <mark>um</mark> e	nd
_				_
	If Changing Re	gistered Agent, Signature of New Res	istered Agent	

Page 1 of 3

	from our records:		
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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		Delara, 17. 32120	∑ Remove
			□ Change
<u> Hinge</u>	Chiese March Ropp	nan Yaha Rei	□ Add
		Direct Fl 30700	⊠ Remove
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If amending	any other info	ormation, e			(Attach	h additiona	sheets, if n	ecessary.)		
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If an effective da Note: If the d	e, if other than ate is listed, the dat late inserted in the frective date on the	te must be spec his block doe	ific and cann s not meet t	he applical	o date of fi ble statut	iling or more to ony filing re	han 90 days at	otional) fter filing.) Purs this date will i	uant to 605,02 not be listed a	07 (3)(1 as the
	pecifies a del day after the	record is	filed.			ective time	e, at 12:0:	1 a.m. on t	he earlier	of:
Dated 1-1-	socal free	×2		2018.	_·					
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	,	Signatu	ic ora memb	ei or author	izea repre	scitative of a	member			
		1 600	Chryst Type							

Page 3 of 3

Fifing Fee: \$25.00

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: TOCK YOUR Name of Lin	ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Lowi S	Name of Person
	risters by GES anstruction 1
und I-c	Address
	City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please ca	all:
Name of Person	at (550c) SC(c · 1) C Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$55.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on ou	records.)	
The Articles of Organization for this Limited Liability Company	were filed on _ ex.\S\	and assigne	d
Florida document number Luc CCC. IHE CEC.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		₹.	SE SE
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		- 5	_S¥.
Enter new mailing address, if applicable:		ن ۔ ب	333S
(Mailing address MAY BE A POST OFFICE BOX)		3.	
			<u>8</u> ₹
		~	– © mi >
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the name of t	he new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	et address	
		, Florida	
Number of American Science of the state of American American	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my du provided for in Chapter	ties, and I am familiar with an r 605, F.S. Or, if this documen	d

If Changing Registered Agent, Signature of New Registered Agent

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 Name **Address Type of Action** Literies Ropp 16/01/ HINBS ☐ Change Man Folio Rd Christe march Rep FINGO ☐ Add Dicite Filmora Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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D. If ame	nding any other information, enter change(s	i) here: (Attaci	h additional sheets, if necessary.)		
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E. Effect	ve date, if other than the date of filing:		(optional)	/0 <i>5</i> 000= /	
(If an eff	ective date is listed, the date must be specific and cannot be a listed inserted in this block does not meet the	e prior to date of t applicable statut	iting or more than 90 days after filing.) Pursuant to o	605.0207 (isted as t	3)(b) he
	ent's effective date on the Department of State's re			1500 05 0	
	·				
	ord specifies a delayed effective date, be 90th day after the record is filed.	ut not an effe	ettive time, at 12:01 a.m. on the ear	rlier of:	
(b) The	Sould day after the record is filed.				
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	400000	>			
	Signature of a member of	or authorized repre	septative of a member		
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	Typed o	r printed name of	signee		
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Page 3 of 3

Filing Fee: \$25.00