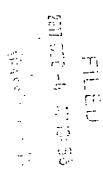
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(Re	questor's Name)	
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Certified Copies	_ Certificate:	s of Status
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COVER LETTER

TO: Registration Se Division of Cor						
SUBJECT:	MCB CONST Name of Limi	RUCTION, LLC ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.				
Please return all correspo	ndence concerning this matter t	to the following:				
		Name of Person W. 8 HAVE				
	TALLAMA	Address 135EE , FL : 30 City/State and Zip Code	303		26:1	
	E-mail address: (1	MCB-LLC, DE to be used for future annual report noti	fication)		(-) (-) (-)	7
For further information c	oncerning this matter, please ec	all:			1 5 5 5	-
Name o	of Person	at ()	e Telephone Number		īj Ch Cr	
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate o Certified Cop (additional copy	f Status & – py		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, Florid:	iZin Code		
Enter Florida street address		Ç4	
New Registered Office Address:		ਨੂੰ ਜ਼ਿ	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		-=
	***	F-	t [T]
registered agent and/or the new registered office address here:		1	
B. If amending the registered agent and/or registered office address on our records, en	ter the name	ö[¹tl	ie nev
	- '.,		
imaing marcs har bear too for the boxy			
(Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new principal offices address, if applicable:			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	ne abbreviation "l.	LC."	
A. If amending name, enter the new name of the limited liability company here:			
This amendment is submitted to amend the following:			
Florida document number 41600174160			
The Articles of Organization for this Limited Liability Company were filed on 4 9/19/10	and as:	signed	
(A Florida Limited Liability Company)			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
V IMPR CONSTRINGTION ILC			

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.

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 Type of Action <u>Address</u> · Title Name | SAMARI DERAY MELDOD 465 TEAL LN. DAdd TALLAHASSEE, FL. 32308 KREMOVE _____ □ Change □ ∧dd __ 🗆 Remove ☐ Change □ Add __ 🗆 Remove Remove C 🗓 🗆 Change _D Add _□ Remove ____ Change _□ Add __□ Remove

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an effective date is listed, ote: If the date inserte	the date must be specific ed in this block does no te on the Department of	and cannot be prior to of meet the applica	o date of filing or a ble statutory filin	nore than 90 days after ng requirements, this	tiling.) Persuant to s date will not be	605.0207 listed as
record specifies The 90th day afte	a delayed effective or the record is file	e date, but not ed.	an effective	time, at 12:01 a	a.m. on the ea	irlier o
ated.) 12/2	1/10					

Page 3 of 3

Filing Fee: \$25.00