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JUL 27 2017

## **COVER LETTER**

TO: Registration Section **Division of Corporations** SUBJECT: STRATEGIC COMMERCIAL CONSTRUTION, 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: ROSALIE GALLINA Name of Person STRATEGIC COMMERCIAL CONSTRUCTION, LLC Firm/Company 907 S. FT. HARRISON AVE, SUITE 102 Address CLEARWATER, FLORIDA 33756 City/State and Zip Code rosalie@epicdevco.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rosalie Gallina at (727 210-1900 Name of Person Area Code Daytime Telephone Number ? Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & x\$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

STRATEGIC COMMERCIAL CONSTRUCTION, LLC

. (A Fiorida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on OCTOI	3ER 17, 2016 and assigned Florida
document number L16000191310.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TA: 2
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	SSE Y
F	1	
Enter new mailing address, if applicable:	<del>- •</del>	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	<del></del>	<u> </u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our	records, enter the name of the new
	<u> </u>	
New Registered Office Address:	Enter Florida si	trast addrase
	13,110,110,110,110	7. (1. (1. (1. (1. (1. (1. (1. (1. (1. (1
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cuir	<i>τη</i> Coαc
	1	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my d ovided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is

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

Title	Name	Address	Type of Action
MGR	BENJAMIN J. GREEN	1704 Split Fork Dr. Oldsmar, Fl. 34677	<b>X</b> Add
MGR_	JON C. LEE	4847 Tuscan Loon Dr. Tampa, FL 33619	<b>j</b> ∰ Remove
MGR	ROCWELL INVESTMENTS, LLC	2419 W. Kennedy Blyd., Tampa, Fl_33609	<b>#</b> Remove
MGR	JUSTIN BASIL	2419 W. Kennedy Blvd., Tampa. Fl 33609	<b>je</b> Remove
		TALLAHASSEC. FLORIDA	FILED 2017 JUL 24 P 1: 00

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fective date, if other th	an the date of fil	ling•		(on	tional)		
an effective date is listed, the ote: If the date inserted in ocument's effective date or	date must be specific this block does no	and cannot be prior to of meet the applica		ore than 90 days aft	er filing.) Pur		
record specifies a de The 90 <sup>th</sup> day after th	elayed effective e record is filed	e date, but not d.	an effective ti	me, at 12:01	a.m. on t	he ear	lier of
ated July 19, 2017							
	Signature o	of a member or autho	rized representative	क्ष a member			-
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Filing Fee: \$25.00