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COVER LETTER

Division of Cor	porations				
IDEAL CO	NSTRUCTION SERVICES I	LLC			
	Name of Limi	Address RADENTON, FL 34207 City/State and Zip Code alconstructionsvc@gmail.com Final address. (to be used for future annual report notification) att 1 Adard Satt 1 A			
·					
The enclosed Articles of .	Amendment and feets) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	KRISTY L BROWN				
		Name of Person			
	IDEAL CONSTRUCTION SERVICES LLC				
Firm/Company					
	6504 3RD ST CT WEST				
Address					
	BRADENTON, FL 34207				
	idealconstructionsvc@gm				
	F-mail address. (to be used for future annual report notifi	cation)		
For further information o	oncerning this matter, please co	aU:			
KRISTY L BROWN					
Name of Person		Area Code Daytime	Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Fitting Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IDEAL CONSTRUCTION SERVICES LLC		
(<u>Name of the Liwited Liwited Liwited Liwited Liw</u> (18 1 jourda Lim	ompany is i <mark>t now appears on our records.)</mark> niced Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L16000204112	rany were filed on 11/07/2016	and assigned
This amendment is submitted to amend the fellowing:		
A. If amending name, enter the new name of the simited	liabitay company here:	
The new name must be distinguishable and contain the words "I imited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u></u>	SECRE 18 AUG
Enter new mailing address, if applicable:		OF COR
(Mailing address MAY BE A POST OFFICE BOX)		
	. I Cit	O Z
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	City	Zip Code

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 regist red 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. Thereby 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	KRISTY L BROWN	6504 3RD ST CT WEST BRADENTON, FL 34207	□ Add
			□ Remove
			☐ Change
			D Aðd
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Note: If the	late, if other than the date is listed, the date muse date inserted in this ble effective date on the De	ock does not me	et the applies	to date of filing able statutory	or more than 90 of filing requirem	(optional) days after filing.) Pr ents, this date wil	arsuant to 605 II not be liste	5.020 ed a:
document's	specifies a delayed		te, but no	t an effecti	ve time, at 1	.2:01 a.m. on	the earlie	er o
If the record	h day after the rec							
If the record (b) The 90t Dated ^{Aug}	h day after the reco	·	2018	<u>. </u>				

Page 3 of 3

Filing Fee: \$25.00