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J. HARRIS

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	1D Constra	actors LLC ted Liability Company	·
The enclosed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Matt	hew Dolesk,	
·		Constructors Firm/Company	
	19204	Eastbook A.	
	Cides: a	FC. 33554 City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notifical	iion)
For further information co	ncerning this matter, please ca	ill:	
Matthew Name of	Person	at (\$7/3) 333 - 3 Area Code Daytime Te	/ 8 64 Elephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	S30.00 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 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

MD Construc	ctors LL	. C.	
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on ed Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L1700001644</u> 0		1	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
The new name must be distinguishable and contain the words "Limited Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		nation "LLC" or the abbrevi	ition "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		A C C C C C C C C C C C C C C C C C C C	2817 AUG 2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		r records. enter the	name of the nev
Name of New Registered Agent:	-		
New Registered Office Address:	Enter Florida s	street address	
		Florida	
,	City	Z	ip 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 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
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Filing Fee: \$25.00