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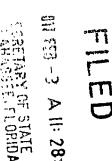
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COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: Maihan Construction Services, LLC Name of Limited Liability Company
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:
Anthony W. Maihan Name of Person
Ma: has Construction Services, LLC Firm/Company
1611 Indian Dance Ct. Address
Ma: + 14nd FL 32751 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony W. Ma.han at (407) 120-9423 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (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

Maihan Construction (Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on od Liability Company)	LLC our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L17000024464</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ibility company here:		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designa	tion "LLC" or the abbreviation *L.L.C."	
Enter new principal offices address, if applicable:		7-20 00	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		A II: 28	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		records, enter the name of the new	
New Registered Office Address:	Enter Florida st	reet address	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as	te performance of my a	luties, and I am familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

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 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 = Au	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jane M. Maihan	1611 Indian Dance Ct. Maitland, FC 32751	
		Ma: + / end, FC 32751	⊿ Remove
			Change
			Add
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	Page 2	2 of 3	

f amending any oth	er information, e	nter change(s) here:	(Attach additional	sheets, if neces:	sary.)	
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f an effective date is listed Note: If the date insend document's effective d	at, the date must be spetted in this block door late on the Departments and delayed effects and delayed effects.	of filing: cific and cannot be prior to es not meet the applicate ent of State's records. tive date, but not filed.	o date of filing or more to ble statutory filing rec	quirements, this c	ling.) Pursuant t late will not be	e listed as
Dated February	2	, 2017	_·		ينتم	
An	Signatu	are of a member or author	ized representative of a	member		- 11
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Filing Fee: \$25.00

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