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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Heavy Construction Group, 12C 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:
Julie Stollar Name of Person
Heavy Construction Group
6151 SE Stetson Road
Belleview, F1 34420 City/State and Zip Code Julies. hcg@amail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Julie Stollar at (352) 46-4731 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: □ \$25,00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.
Certificate of Status 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

Heavy Constru	Ction Group, LLC 2015 CDT 28 PX 1:25
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number 117000507	ompany were filed on $\frac{3/3/17}{14}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City: Zin 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>	<u>Name</u>	Address	D II	Type of Action
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rocord c	necifies a c	delayed effective	e date but	not an effec	tive time at :	12·01 a.m. or	the earlier
		the record is file		not an enec	tive time, at	12.01 (1.111. 0)	Ture currier
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		Signature of					
		Signature of	l a member or a	uthorized represe	ntative of a memb	er	<u>.</u>

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Filing Fee: \$25.00