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| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer |
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COVER LETTER

| TO: Registration Section Division of Corpor | | | | | | |
|---|---|---|-------------------------------|---|----------|---|
| SUBJECT: Paul | Manison (| CONSTRUCTION ited Liability Company | LLC | | | |
| The enclosed Articles of Am- | endment and fee(s) are sub- | mitted for filing. | | | | |
| Please return all corresponde | nce concerning this matter | to the following: | | | | |
| | Poul | Mad 150 Name of Person | | | | |
| | Paul Max | LISON CONST | truction | LLC | | |
| | 3202 N | eedles ex | ive | | | |
| | orlando | City/State and Zip Code SON @ L'Ve. C | 2810 | | | |
| - | E-mail address: (i | to be used for future annual repo | ort notification) | | | |
| For further information conce | | | | 7 | 17 | |
| Paul Madis | o N Son | at (<u>407</u>) Area Code i | 7 25 - C Daytime Telephone | 7839 Number | J5N 22 T | 1 |
| Enclosed is a check for the fe | llowing amount: | | | : · · · · · · · · · · · · · · · · · · · | 174 T | _ |
| □ \$25.00 Filing Fee \$ | \$\$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | d) (| 50.00 Filing Fee, Certificate of State Certified Copy additional copy is enc | | |

MAILING ADDRESS:

TO:

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

| Paul Madrson (| ionstruction LLC | |
|--|--|-----------------------|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appears on our records.) imited Liability Company) | |
| The Articles of Organization for this Limited Liability Col Florida document number <u>L1700076396</u> | • | 7 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | (22.3 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registe registered agent and/or the new registered office addre | | rithe name of the new |
| | | A Marian |
| Name of New Registered Agent: | | N |
| New Registered Office Address: | | |
| | Enter Florida street address | · · · |
| | , Florida _ | Yin Code |
| | viny | zipi Criae |

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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|--|--|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | Paul Markon | 3202 Needles Dive | |
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| Effective date, if other than the date of filing: | fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier | | | | | | | | | | |
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| <u> </u> | Waynet Nodiso Signature of a member or authorized representative of a member | _ | | | | | | - | | | |
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Filing Fee: \$25.00