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D. SCOTT JUN 2 1 2017

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: AUCOIN NO. CO.	enstruction LL		
Sant of Land	icu mauniy Company		
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.		
Please return all correspondence concerning this matter to	o the following:		
Brent Anti	nony Aucoin II	<u>-</u>	
	Firm/Company		
242 Fox 1	Meye, Dr.		
Santa Pisa	Geach F1 3243 City/State and Zip Code	<u></u>	
Brent. auco	o be used for future armual report notifice	Ory	
For further information concerning this matter, please ca	11:		
Brent Anthony Aucon	at (<u>850</u>) <u>399</u> — Area Code Daytime T	1353 elephone Number	
Enclosed is a check for the following amount:		7. 2.	`
☐ \$25,00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 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/COURIEJ Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on May 30, 3017 and assigned Florida document number L17000 117460.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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 $AMBR = A$	lanager . .uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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