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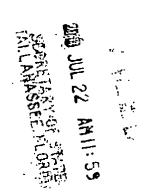
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COVER LETTER

Registration Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

TO:

SWORDERSUBJECT:	SH CONSTRUCTION LLC		. -2 1
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	A.C.
	ENRIQUE MARINA III		
		Name of Person	
	SWORDFISH CONSTRU	CTION LLC	
		Firm/Company	·
	10155 FIKKEMA AVE		
	-	Address	
	HASTINGS FL 32145		
	-	City/State and Zip Code	
	HENRYMARINA05@GM E-mail address: (AIL.COM to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c	all:	
ENRIQUE MARINA III		904 440-6219	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$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)
Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURI Registration Section Division of Corpor	oli .

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWORDFISH CONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 66/05/2017 and assigned		
Florida document number L17000122914	were filed on 06/05/2017 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	RALPH STANFORD		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lia The new name must be distinguishable and contain the words "Limited Lia 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	10155 FIKKEMA AVE		
	HASTINGS FL 32145		
Enter new mailing address, if applicable:	BRANDON DAVIS MCELWEE		
Enter new mailing address, it applicable:	10155 FIKKEMA AVE		
	HASTINGS FL 32145		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City Zip 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RALPH STANFORD	10155 FIKKEMA AVE	B Add
		HASTINGS FL 32145	Remove
			Change
MGR	BRANDON DAVIS MCELWEE	10155 FIKKEMA AVE	■ Add
		HASTINGS FL 32145	Remove
			Change
			☐ Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change

				
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Effective date, if other than the	date of filing: 07/17/201	9	(optional)	
Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this bl	st be specific and cannot be price	or to date of filing or more t	han 90 days after filing.) Pursuant	: to 605.020 he listed a
document's effective date on the D	epartment of State's record	s.	fulletions, this date will hove	oe nateu t
he record specifies a delayed The 90th day after the rec		ot an effective time	, at 12:01 a.m. on the	earlier (
The 90th day after the rec	ord is filed.			
Dated	2019			
Dated	,	 '		
_	/ //			
Im ke	Signature of a member or aut			

Page 3 of 3

Filing Fee: \$25.00