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COVER LETTER

Div	ision of Corp	porations	
SUBJECT:	CONSTRUC	CT GREEN OF NORTH FL, LLC	
		Name of Limited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are submitted for filing.	
Please return	all correspon	ndence concerning this matter to the following:	
		Dawn Alexander, El, CGC	
		Name of Person	
		CONSTRUCT GREEN OF NORTH FL, LLC	
		P: (6)	
		Firm/Company 3675 Juliet Leia Circle South	
		Address	
		Jacksonville, FL 32218	
		City/State and Zip Code dawnmalexander@yahoo.com	
		E-mail address: (to be used for future annual report notification)	
For further in	formation cor	ncerning this matter, please call:	
Dawn Alexa	nder	904 452-3471	
	Name of I		
Enclosed is a	check for the	e following amount:	
■ \$25.00 Fi		□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee &	of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

CONSTRUCT GREEN OF NO	RTH FL, LLC		
(Name of the Lim	ited Liability Cor (A Florida Limit	npany as it now appears on our records. ed Liability Company))
The Articles of Organization for this Limited I Florida document numberL17000130936	Liability Compa	any were filed on06/15/2017	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited l	iability company here:	
N/A			
The new name must be distinguishable and contain the Enter new principal offices address, if appli		ability Company," the designation "LLC" N/A	or the abbreviation "L.L.C."
(Principal office address MUST BE A STRE)	
	•		
Enter new mailing address, if applicable:		N/A	至22
(Mailing address MAY BE A POST OFFICE BOX)			
			22
B. If amending the registered agent and registered agent and/or the new registered	***		enter the name of the ne
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
	<u>.</u>	Flor	rida
		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

... 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>	Name	<u>Address</u>	Type of Action
MGR	Tonya Seigler	5320 North Pearl Street Jacksonville, Florida 32208	
			Remove
			☐ Change
			Add
			□ Remove
		 	Change
		· · · · · · · · · · · · · · · · · · ·	Add
		·	☐ Remove
		•	☐ Change
			
			☐ Remove
		***************************************	☐ Change
MATERIAL PROPERTY.	· · · · · · · · · · · · · · · · · · ·		Add
			☐ Remove
			☐ Change
		**************************************	Add
		······································	☐ Remove
			□ Change

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Effect	N/A ive date, if other than the date of filing: (optional)
lf an eff <u>Note:</u>	deceive 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 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as lent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	JANUARY 15 2019
	Signature of a member or authorized representative of a member
	DAWN ALEXANDER Typed or printed name of signce

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Filing Fee: \$25.00