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> SECRETAVY OF STATE ALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO:	Registration Se Division of Cor					
CHD		onstruction, LLC				
SUB	JECT:	Name of Lim	ited Liability Company			
The	enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Pleas	se return all correspo	ndence concerning this matter	to the following:			
		Jose R. Hernandez				
			Name of Person			
		Dunamis Construction, LL	.C			
Firm/Company						
	603 A Russell Parkway					
			Address	• • • • • • • • • • • • • • • • • • • •		
	Warner Robins, GA 31088					
			City/State and Zip Code			
		khernandez@dunamispr.ne				
		E-mail address: (	to be used for future annual report notif	ication)		
For t	further information co	oncerning this matter, please ca	all:			
Kiar	a N. hernandez		at () Area Code Daytime			
	Name o	f Person	Area Code Daytime	Telephone Number		
Encl	osed is a check for th	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)		

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

**Dunamis 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 6/13/2017 and assigned Florida document number <u>L17000132394</u> This amendment is submitted to amend the following: 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" or the abbreviation "L.L.C." 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 Office Address: Enter Florida street address , Florida \_\_\_ City

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, ent	r the title, name, and address of each person being adder
or removed from our records:	

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Jose R. Hernandez		Add
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f <b>ective</b> ( n effectiv	date, if other than	n the date of file te must be specific	ing:and cannot be prio	r to date of filing	or more than 90	(optional) days after filing.)	Pursuant to 605.03
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	l specifies a del th day after the			ot an effecti	ve time, at	12:01 a.m. (	on the earlier
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Page 3 of 3

Filing Fee: \$25.00