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FILED SECRETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

	ion Section of Corporations
SUBJECT: A	3 R Reconstruction and Design LLC. Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	Ronald Shropshire
	A3R Reconstruction and Deeign UC.
	6420 Checkmate Lane
	JackSunville, FL 32244 City/State and Zip Code
	and r Construction and design (a a mail . com E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
Ronald	Shyopshive at 904, 775-9647
1	lame of Persoh Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
\$25.00 Filing F	Tee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A 3 R Reconstruction and (Name of the Limited	ny as it now appears on our records inhibity Company)	<u>c)</u>
The Articles of Organization for this Limited Liability Company	were filed on 7/13/17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SEI TAL 18
(Principal office address MUST BE A STREET ADDRESS)		FEE
		ASS
Enter new mailing address, if applicable:		PEC S
(Mailing address MAY BE A POST OFFICE BOX)		TATE ORIDA
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records,	, enter the name of the new
Name of New Registered Agent:	-, -::::-	
New Registered Office Address:	Enter Florida street address	
	, Flo	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

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Constance Reaves	6420 Checkmate Ln.	M Add
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If an effective dat <u>Note:</u> If the da	e, if other than the date is listed, the date must be ate inserted in this block fective date on the Department	e specific and ca k does not mee	nnot be prior to t the applicab	date of filing or de statutory fili	more than 90 days	optional) after filing.) Pursuan this date will not	to 605.02 be listed a	07 (3 X1 as the
he record sp The 90th o	ecifies a delayed e lay after the recon	effective dat d is filed.	e, but not	an effective	time, at 12:0	01 a.m. on the	earlier	of:
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Dated <u>Vi</u>	1/5	/ .						
Dated	1 1/5	engure of a mer	pher or author	zed representativ	e at a mountair		_	

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Filing Fee: \$25.00