117000164214

(Re	equestor's Name)	
(Ac	ldress)	
(Āc	ddress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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Jan. 8



COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Name of Limi	ruction LLC ted Liability Company	<u> </u>
The enclosed Articles of A	unendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	John I). CUYL Name of Person	
	Ecovien	Construction Firm/Company	luc
	2893 N I	tarbor City Blad	
	Melbourne	FL 32935 City/State and Zip Code	
	Phnocuy E-mail address: (1	riproper fics come obe used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
John Citi	Y Person	at (<u>321</u>) <u>Act</u> -	. 4487 Telephone Number
Enclosed is a check for th	e 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

FILED

2018 DEC -7 PM 2: 35

(Name of the Limited)	NSTYUCTON LU Liability Company as it now appears Florida Limited Liability Company)	on our records.)	SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liab		8/1/2017	and assigned
Florida document number <u>L1700016421</u>	4		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the de	signation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	e:		
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO			
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	e address here:	our records, en	nter the name of the nev
		, Florid	a
	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
AMBR	Rickie Glass	2893 N Harbor City Blud	İ Ş Add
		Melbourne, FL 32935	Remove
			Change
			□ Remove
			□ Change
			Add
			🗆 Remove
			Change
			D Add
			Remove
			Change
			Add
		_ 	Remove
			Change
			Add
			□ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
We hereby recognize Rictic E Glass as an
We hereby recognize Rickic E Glass as an Authorized Member of our corporation
and a member of management for now
and the foreseeable future.
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated DCC 4. 2018. Signature of a member or authorized representative of a member
John Curvi Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00