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COVER LETTER

TO: Registration So Division of Cor				,		
	Construction Services, LLC					
SUBJECT:	y Name of Lin	nited Liability Company	· ·			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Chad S Clements					
		Name of Person	l			
	Enterprise Construction Se	ervices, LLC				
		Firm/Company				
	17816 Hamlin Blvd.					
		Address				
	Loxahatchee, FL 33470					
		City/State and Zip C	lode			
	kristine.ecs@gmail.com	to be used for future an	nual raport notif	Tention)		
For further information of	oncerning this matter, please c	•	паа героп пост	icación,		
Chad S Clements		561 at (262-9745			
Name o	of Person	Area Code	Daytime	e Telephone Number		
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Cop (additional copy	у	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose		
Mailing Addres			et Address: gistration Sec	tion		
Registration : Division of C		_	istration Sec ision of Cor			
P.O. Box 632	27		Centre of T			
ranahassee,	Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Enterprise Construction Services, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on <u>09/26/2017</u>	and assigned
Florida document number L17000199270	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ess)	
		202 SEC
		2002 NOV SECRETA
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		ASS F
	<u></u>	
		FLS S: S
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the	
Name of New Registered Agent:		
New Registered Office Address:	5 51 11	
	Enter Florida street address	
	, Florid	aZin Code
	City	ыр Соае

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 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	Clements, Rodney D	10130 Northlake Blvd. Suite#214	DAdd
		West Palm Beach, FL 33412	■ Remove
			□ Add
<u>_</u>			
			Remove
			□Change
			□Add
			Remove
			□Add
			□Remove
			Change
			□ Add
			Remove
			□ Change

ffective date, if other than the date of filing:	···				
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