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S. WARREN **OCT** 2 7 2017

## **COVER LETTER**

		on Section f Corporations
cun ucc		& Sons Construction, LLC
SUBJEC	1:	Name of Limited Liability Company
The enclo	sed Articl	es of Amendment and fee(s) are submitted for filing.
Please ret	urn all cor	respondence concerning this matter to the following:
		Joshua J. Ham
		Name of Person
		Ham & Sons Construction, LLC
		Firm/Company
		15500 SW 80 St. Apt 10
		Address
		Miami, FL 33193
		City/State and Zip Code
		j.hambone78@yahoo.com
		E-mail address: (to be used for future annual report notification)
For furthe	r informat	ion concerning this matter, please call:
Joshua J.	Ham	786 651-7685
	N:	at () ame of Person Area Code Daytime Telephone Number
Enclosed	is a check	for the following amount:
\$25.00	0 Filing Fo	ce S30.00 Filing Fee & S55.00 Filing Fee & S60.00 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, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ham & Sons Construction, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on la Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability (Florida document number 1.17000215428	Company were filed on 10/18/	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ado  Name of New Registered Agent:		r records, enter the name of the new
New Registered Office Address:		
	Enter Florida s	treet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my igent as provided for in Chap ed office address, I hereby co	duties, and I am familiar with and oter 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
Mgr	Dennis Gerlitz	777 SE 2 Ave. Apt 219	■ Add
		Deerfield Beach, FL 33441	Remove
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ffective date, if other than the an effective date is listed, the date must					
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Filing Fee: \$25.00