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COVER LETTER

Division of Co	rporations		
Ham & Son	ns Construction, LLC		
Sebacer.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joshua J. Ham		
		Name of Person LLC Firm/Company Jorings Dy Addred GS Fi 33065 City/State and Zip Code Ito be used for future annual report notification) all: at (786	
	Ham & Sons Construction,	LLC	
		Firm/Company	
	3400 (val	Springs Dr	
	Ciral Sprina	City/State and Zin Code	
	j hambone78@yahoo.com	• • • • • • • • • • • • • • • • • • • •	
	E-mail address: (t	to be used for future annual report notil	ication)
For further information c	oncerning this matter, please ca	all:	
Joshua J. Ham		786 651-7685	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		

MAILING ADDRESS:

TO:

Registration Section

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 Constructioj, LLC			
(Name of the Limited (A	Liability Comp: Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liab	ility Company	were filed on October 18, 2017	and assigned
Florida document number L17000215428	,		
This amendment is submitted to amend the follow	ing:		TALLAN TALLAN
A. If amending name, <u>enter the new name of tl</u>			FILE HAY 18 1
The new name must be distinguishable and contain the word	ls "Limited Liabi	lity Company," the designation "LLC" or t	the abbreviadan "L.L.C."
Enter new principal offices address, if applicab	le:	3400 (oral Springs,	程至6岁
Principal office address MUST BE A STREET.	<u>ADDRESS)</u>	(wal springs,	RP 30065
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u>).Y)</u>	3400 (oral Springs, F	45 DY L 33065
3. If amending the registered agent and/or egistered agent and/or the new registered offic			iter the name of the n
Sallic of fich acquaicied avecin	Joshua J. Ham		
New Registered Office Address:	3400 1	Enter Florida street address	
	Loral	Enter Florida street address Springs . Florida	33065
			Zip Code
New Registered Agent's Signature, if changing Reg	<u>istered Agent:</u>		

3

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>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			Change
			Add
		□ Remove	
			Change
			
			□ Remove
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			Add
		 .	Remove
			Change
		•••	□ Remove
			Change

	AS AN EN
	Dr. G
If an et Note:	tive date, if other than the date of filing: 5 1 1 8 (optional) flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
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ne re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
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Page 3 of 3

Filing Fee: \$25.00