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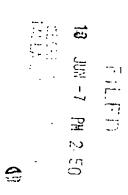
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## **COVER LETTER**

	istration Sec ision of Corp		·	
SUBJECT:		s Construction, LLC		
SCIMICI.		Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Joshua Ham		
		···	Name of Person	
		Ham & Sons Construction.	, LLC	
			Firm/Company	
		3638 Coral Springs Dr		
			Address	<del></del>
		Coral Springs, Fl. 33065		
			City/State and Zip Code	
		j.hambone78@yahoo.com		
		E-mail address: (t	to be used for future annual report notif	fication)
For further in	iformation co	oncerning this matter, please ca	ıll:	
Joshua Ham			786 651-7685 at () Daytime	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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

Ham & Sons Construction, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 17, 2017 and assigned Florida document number 1.17000215428 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ham & Sons Demolition, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation="1...L.C" 3638 Coral Springs Dr Enter new principal offices address, if applicable: Coral Springs, FL 33065 (Principal office address MUST BE A STREET ADDRESS) ن: 3638 Coral Springs Dr Enter new mailing address, if applicable: Coral Springs, FL 33065 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Joshua Ham Name of New Registered Agent: 3638 Coral Springs Dr New Registered Office Address: Enter Florida street address Coral Springs , Florida <u>- 33065</u> City

## 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>	<u>Address</u>	Type of Action
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			Change
			□ Add
			□ Remove
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00