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COVER LETTER

| TO: | Registration So Division of Cor | | | | |
|--------|------------------------------------|---|---|-----------------|--|
| | | onstruction Services LLC | | | |
| SUBJ | ЕСТ: | Name of Lim | ited Liability Company | <u>.</u> | |
| | | | | | |
| The er | nclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please | return all correspo | ondence concerning this matter | to the following: | | |
| | | Tamara | G Baker | | |
| | | | Name of Person | | |
| | | Baker Cor | nstruction Services LLC | | |
| | | | Firm/Company | | |
| | | 219 N New | vnan Street, 2nd Floor | | |
| | | | Address | | |
| | | Jacksonville | .FL 32202 | | |
| | | | City/State and Zip Code | | |
| | | keummings@bdb | | | |
| | | | to be used for future annual | героп поинсацов | 1 |
| For fu | rther information c | oncerning this matter, please co | all: | | |
| T | amara G Baker | | 904 at () | 219-8148 | |
| - | Name o | f Person | at () Area Code | Daytime Teleph | hone Number |
| Enclo: | sed is a check for the | ne following amount: | | | |
| □ \$2 | 25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enc | | #\$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

| Baker Construction Services | S.L.I.C |
|--|--|
| (<u>Name of the Limited Liabil</u> (A Florid | lity Company as it now appears on our records.) la Limited Liability Company) |
| The Articles of Organization for this Limited Liability C Florida document number <u>L18000002945</u> | Company were filed on and assigned and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lim | nited liability company here: |
| The new name must be distinguishable and contain the words "Lir | mited Liability Company," the designation "L.L.C." 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: | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| B. If amending the registered agent and/or regi | istered office address on our records, enter the name of the ned |
| | , |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------|----------------------------|----------------|
| MGR | Kyle F Davis | 219 N Newnan St, 2nd Floor | □ *Add |
| | | Jacksonville, FL 32202 | Remove |
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| | ive date, if other than the date of filing: | to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 |
| (If an effe Note: | cetive date is listed, the date must be specific and cannot be prior. If the date inserted in this block does not meet the applicant's effective date on the Department of State's records | able statutory filing requirements, this date will not be listed as the |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00