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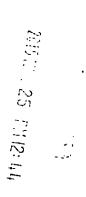
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November 21, 2019

Florida Department of Corporations PO Box 6327 Tallahassee, FL 32314

RE: <u>Dock Doctors Marine Construction, LLC dba Vulcan Construction</u> (Document Number L18000008737) and <u>Vulcan Construction, LLC</u> (Document Number L19000136276)

Dear Sir or Madam.

Enclosed please find an Amendment to the Articles of Organization for my company, Dock Doctors Marine Construction, LLC. I am wanting to do a simple name change with this company. I would like the new name to be Vulcan Construction, LLC (which I also currently own), thus, have also enclosed the Limited Liability Company Dissolution form and filing fee.

I was unaware that I could do a simple name change, thus, filed the organization of Vulcan Construction, LLC on 5/21/2019. I am hoping that because I do own this name and will be forfeiting this corporation, the name will be available to me to change Dock Doctors to Vulcan.

If for some reason, I am unable to do this simple name change amendment from Dock Doctors Marine Construction, LLC to Vulcan Construction, LLC, please let me know and do not process my request for the Dissolution of Vulcan Construction, LLC. I am only dissolving Vulcan Construction, LLC because I will be using the name for the Dock Doctors Marine Construction, LLC.

Upon completion of this Amendment to the Dock Doctors filing, I will be updating my new name with the Florida Department of Business and Professional Regulation to match my Florida Certified Builders Contractors License.

If you should have any questions, please feel free to contact my office manager, Jennifer Mitchell at (904)887-9978 or myself at (904)652-6767.

Thank you for your time and help with the expedited processing of my request.

Best Regards,

David Lee Patterson III

COVER LETTER

TO: Registration Section , Division of Corporations
SUBJECT: DOCK DOCKOR MOVING CONSTRUCTION LICE Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David Lee Patterson III
Vulcan Construction LCC Firm/Company
11590 Wynnfield Lakes Civ.
City/State and Zip Code Jervifer O Villon Howh (Om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person TTL at (904) 1052-6767 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Lack Dortus movine Construction LUC

(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 1912018 and assigned Florida document number <u>L\6\cccop8737</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ollean Construction LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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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