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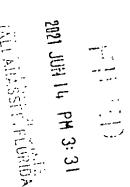
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

| cup icor | Abbott Con | struction Solutions | | | |
|--------------------|-----------------------------|--|---|--|--|
| SUBJECT: | | Name of Lim | ited Liability Company | | |
| | | Amendment and fee(s) are sub | | | |
| Please return | all correspo | indence concerning this matter | to the following: | | |
| | | Lewis A. Abbott, Jr | | | |
| | | | Name of Person | | |
| | | Abbott Construction Soluti | ions | | |
| | | | Firm/Company | | |
| | | 140 Guy Strickland Rd | | | |
| | | | Address | . | |
| | | Crawfordville, FL 32327 | | | |
| | | | City/State and Zip Code | | |
| | | abbottconstructionsolutions | @gmail.com to be used for future annual report not | ification | |
| For further in | nformation c | oncerning this matter, please ca | | | |
| Lewis A. Ab | | | 850 685-5039 | | |
| | Name o | f Person | at () Area Code Daytin | ne Telephone Number | |
| Enclosed is a | a check for th | ne following amount: | | | |
| ■ \$25.00 I | filing 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) | |
| | iling Addres | | Street Address: | action | |
| | gistration S vision of C | Section orporations | Registration Section Division of Corporations | | |
| |) Box 632 | | The Centre of | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Abbott Construction Solutions LLC | | |
|---|---|---------------------------------|
| (Name of the Limited Liability Com (A Florida Limite | npany as it now appears on our recor ed Liability Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited Liability Company were filed on 2-5-2018 | | and assigned |
| Florida document number L18000032084 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Li | ability Company," the designation "LLC | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 2020 |
| (Principal office address MUST BE A STREET ADDRESS) | | <u> </u> |
| | | 3 2 |
| | | |
| Enter new mailing address, if applicable: | · · | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | 3: 3 |
| | | 55: - |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | ce address on our records, <u>ente</u> | r the name of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addre | 255 |
| | | lorida |
| | 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, 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> | Address | Type of Action |
|--------------|---------------------|--|---|
| VP | Constance M. Abbott | 140 Guy Strickland Road, Crawfordville, FL 32327 | = Add |
| | | | □Remove |
| | | | Change |
| President | Lewis A. Abbott, Jr | | □Add |
| | | | □Remove |
| | | add "Jr" to this name please | |
| | | <u> </u> | [#]id |
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| Effective date, if other than the date of fan effective date is listed, the date must be speci | ific and cannot be prior | o date of filing or more | (option than 90 days after fil | ing.) Pursu | iant to 60 | 5.0207 |
| Note: If the date inserted in this block does document's effective date on the Department | | ible statutory filing re | equirements, this d | ate will n | ot be lis | sted as |
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| e record specifies a delayed effective date, b rd is filed. | ut not an effective tir | ne, at 12:01 a.m. on t | he earlier of: (b) | The 90th | . day aft | er the |
| Dated June 8 | 2021 | . / | | | | |
| | "/ | - · // | | | | |

Filing Fee: \$25.00

Typed or printed name of signee