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SECRETARY CRISTATE
ALLAHASSEE, FLORIDA

FEB 1 3 2018

COVER LETTER

	ration Section on of Corporations	`	u "	*,*	
empirer.	Complex	Construc.	tron LLC		
SUBJECT:		Name of L	tron LLC imited Liability Company		······
The enclosed A	rticles of Amendme	nt and fee(s) are so	ubmitted for filing.		
Please return all	correspondence co	ncerning this matte	er to the following:		
		J	elani Miller Name of Person		
			Name of Person		
		(0	implex Constru	uction LL	<u>_</u>
	<u></u>		Firm/Company		<u>.,,</u>
		S3S NE	107 St. Miam	i F1. 331	6 [
	···		Address	······································	
			Miami Fl.	33161	
			City/State and Zip Cod	le	
		CUMP	ex constructions: (to be used for future annu	10 gmail	1. COM
				al report notificati	on)
For further infor	mation concerning	this matter, please	call:		
Jela	ni Miller		at (<u>954</u>) Area Code	805-299	9
	Name of Person	,	Area Code	Daytime Tel	ephone Number
Enclosed is a ch	eck for the following	ig amount:			
□ \$25.00 Filin	ng Fee 💆 \$30. Ce	00 Filing Fee & rtificate of Status	☐ \$55.00 Filing Fed Certified Copy (additional copy is e		□ \$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

Complex Cons	truction LLC				
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)				
The Articles of Organization for this Limited Liability Company Florida document number	were filed on Febrary 2	, 2018 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company here:				
COMPLEX BUILDING CONST					
The new name must be distinguishable and contain the words "Limited Liabili					
Enter new principal offices address, if applicable:	NIA				
(Principal office address MUST BE A STREET ADDRESS)		1 E 10 B			
		三			
	N/A	(Sales) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]			
Enter new mailing address, if applicable:	<u>~ n</u>	5: 5			
(Mailing address MAY BE A POST OFFICE BOX)		5 5			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		enter the name of the new			
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 agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F.	I am familiar with and S. Or, if this document is			
If Chang	N K ging Registered Agent, <u>Signature of N</u>	lew 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
MGR		A HTEWOUAE, 3 M		\ Add
	JANOWITH	M. BIEN AIME	Miani, Fl. 33161	□ Remove
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fective date, in effective date	if other than the date is listed, the date must be s	e of filing pecific and	cannot be pr	ior to date of	filing or more th	op nan 90 days afl	tional) ter filing) ;.) Pursua	nt to 605	5.02
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