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## **COVER LETTER**

TO: Registration So Division of Co		•	
SUBJECT:	AC Ge) Name of Lim	yera Cowstruc  nited Liability Company	tim CCC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Floridam	ia E Hernand	le Z
		Name of Person	<u> </u>
	JAC	General cou	w truction LLC
	8150 CH	ystal well bl	48
		Address	
	Pensac	.1. The 32TH	
		City/State and Zip Code	
	Flor VIIIA	City/State and Zip Code  XV PV P JC Q VM hO  to be used for future annual report notifi	ob. com
			cation)
	concerning this matter, please c		
Florida	ne 6. Herano	at (SI) Daytime	1265
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 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)

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**

AC Gens	eral Construction 210
(Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on $3-1-2016$ and assigned
Florida document number	were med on and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 of registered agent and/or the new registered office address her	
	- 
Name of New Registered Agent:	11. S. 10. S. 10
New Registered Office Address:	HAR TAR
	Enter Florida street address
	, Florida n
V 5	City Set Zip Gode
New Registered Agent's Signature, if changing Registered Agent:	> <b>∞</b>
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as playing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Char	nging 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
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record The 90t	specifies a dela th day after the	yed effectiv record is file	e date, but ed.	t not an ef	fective tin	ne, at 12:0	1 a.m. on t	the ear	rlier
ated	3-/- To:		_, _20	18.					
	To	SSIZ	Herr	and	02				
-	ناپ به	Signature o	f a member or	authorized rep	resentative of	a member			

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Filing Fee: \$25.00