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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Phone, 407.598 0653 1 m. c. 8 q. c. re a sy ringerfayacon Fax: 407.749.0318

COVER LETTER

TO: REGISTRATION SECTION

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Ascend Construction LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Name of Person: Stephanic Wolfinger Esq.

Firm/Company Wolfinger Law P.A. LLC

Address 1300 N. Semoran Blvd Ste 215

City/State and Zip Code Orlando, FL 32807

E-mail address Stephanie@Wolfingerlaw.com

For further information concerning this matter, please call:

Stephanie Wolfinger Esq.

(941) 266-1552

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ascend Construction 1.1.C

| (Name of the | Limited Liability | Company as it nov | v appears on our records.) |
|--------------|-------------------|----------------------|----------------------------|
| • | (A Florida l | imited Liability Cor | mnuny) |

| a "LLC" or the abbreviation "LLC." ABAUG 22 ANT SET OF STATE ABAUG 23 ANT SET OF STATE ABAUG 24 ANT SET OF STATE ABAUG 25 ANT |
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| y, I further agree to comply with the ies, and I am familiar with and 605, F.S. Or, if this document is irm that the limited liability |
| it T |

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 |
|--------------|------------------------|---|-----------------------|
| <u>Owner</u> | Steven Burch | 4315 Preston Park Dr. | |
| | | <u>Parrish, FL 34219</u> | □ Remove |
| | | # ************************************ | ☐ Change |
| Owner | <u>Larry Arrasmith</u> | 4315 Preston Park Dr. | |
| | | <u>Parrish</u> , <u>FL 34219</u> | Remove |
| | | | ☑ Change |
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| If amend | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| f an effecti <u>Note:</u> If t | date, if other than the date of filing: August 20, 2018 (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records. |
| | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Oth day after the record is filed. |
| Dated | August 20, 2018 |
| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member |
| | |
| | Larry Arrasmith Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00