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| (Re | questor's Name) | |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| O: Registration Section Division of Corporations |
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| JT Fercing & Remodeling, LC |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Jessie E. Taylor Name of Person |
| Firm/Company |
| 3048 Bruner Day Rd |
| City/State and Zip Code Therefore H Remodeling 2017 C E-mail address: (to be used for future annual report notification) 9 mell 1 m |
| For further information concerning this matter, please call: |
| Name of Person at (850) But -/885 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | • | |
|---|---|------------------------|
| (Name of the Limited Liability Compa) (A Florida Limited L | ny as il now appears on our records.) Liability Company) Z6. | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 1800 050359</u> . | were filed on $\frac{2/28/20/8}{3/14/20/8}$ and assigned | ed |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabile | ity Company," the designation "LLC" or the abbreviation "L.L.C. | |
| Enter new principal offices address, if applicable: | | Ž.s |
| (Principal office address MUST BE A STREET ADDRESS) | SE | _ |
| | | |
| Enter new mailing address, if applicable: | | 104300 1047 1047 |
| (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 here | · · · · · · · · · · · · · · · · · · · | the new |
| Name of New Registered Agent: | | |
| 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 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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|--|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| AUBR | Ison B. Gamsu | 3095 Zion St. Cottordale, Fl 32431 | Add |
| | | Cottondale, F1 32431 | ☐ Remove |
| | | | ☐ Change |
| AMBR | Joshua D. Stenley | 2457 Sap Rd Cots Cottordale, F1 32431 | Add |
| | | Cottordale, F1 32431 | □ Remove |
| , | | | Change |
| LER | Mangellen Ryler | 3048 Bruner Dungh Verm, FJ 32402 | Add (Add |
| | | Verm, F1 32402 | □ Remove |
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| effective date is lise. If the date ins | ther than the date ted, the date must be spected in this block do date on the Departn | ecific and cannot be ses not meet the a | applicable stati | | | ing.) Pursuant to 6 | |
| he 90th day a | es a delayed effe fter the record is | s filed. | ut not an ef | fective time, | at 12:01 a.r | n. on the ear | lier (|
| ed Septe | mber 11 | <u> </u> | 018/ | 2.6. | , | | |
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Filing Fee: \$25.00