3 6 2018

Division of Corporations

## Florida Department of State

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Account Number : 120180000011 Phone

: (844)386-0178

Pax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future RECEIVED annual report mailings. Enter only one email address please.\*\*

Bmail Address: ra@legalinc.com

MAR 0 7 2018

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BUCHHOLZ CONSTRICTION LLC**

Certificate of Status	0
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S. WARREN

MAR 0 7 2018

To: 18506176383 From: 12143052508 Date: 03/07/18 Time: 8:12 AM Page: 02/05

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Division of Corporations

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUCHHOLZ CONSTRICTION LLC		
(Name of the Limited	Liability Company as it now appears on our records. Florida Limited Liability company)	
The Articles of Organization for this Limited Liab		and assigned
Florida document number L18000051346		
This amendment is submitted to amend the follow	ring:	
A. If amending name, <u>enter the new name of t</u>	he limited liability company bere:	
Buchholz Construction LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" (	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
	THE THE STATE OF T	
Enter new mailing address, if applicable:	1	
(Mailing address MAY BE A POST OFFICE BO	<u>OXI</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
		CREE
Name of New Registered Agent:		<u> </u>
		SEST ·
New Registered Office Address:	Enter Florida street address	THE 32 0
İ	. Flor	FLORD STATE
	Citiv	5 # <b>8</b>
New Registered Agent's Signature, if changing Re-		٠ - حر
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this cl	and complete performance of my duties, and ered agent as provided for in Chapter 605, F. gistered office address. I hereby confirm that	'I am familiar with and S. Or, if this document is
į   		
	If Changing Registered Agent, Signature of	New Registered Agent
	Page 1 of 3	
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To: 18506176383 From: 12143052508 Date: 03/77/18 Time: 8:12 AM Page: 04/05 (((H180000744473)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AGR = M AMBR = A	annger uthorized Member			
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ne 90th day after the recon	d is filed.	
March 5	771+0	
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Chadd Buchbolz	Typed or printed name of signed	<del></del>