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COVER LETTER

Division of Corp	oorations		
subject: All (apacity Cont	tactors LUC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Dillion S	Mith Name of Person	
	All Capacite	J Contractors L	TC
	P.O. Box	3812 Address	
	Milton, FL	. 32572 City/State and Zip Code	
	allcapacitu	Contractors (Contractors annual report noti	amail.com
For further information co	incerning this matter, please ca	dl:	
Dillion Smi	Person	at (850) 736 Area Code Daytim	03\3 e Telephone Number
Enclosed is a cheek for th	e following amount:		
S25.00 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:

TO:

Registration Section

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

All Capacity Contract	ors LLC	FILED
(Name of the Limited Liability Compa (A Florida Limited I The Articles of Organization for this Limited Liability Company Florida document number	28	HAMES 30 P 12 44 Description and assigned LAMASSEE, FLORIUA
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	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)	9300 Bayor Suite 35B Pensacola, F	L 32503
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.C. Box 38 Milton, FL	\2 32572
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	y
	, Flo	orida Zip Code
	cuit.	zgr 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	Daniel Hansen	2386 Shoal Creek Driv	C NAdd
		Pensacola, FL 32519	Remove
			Change
			Add
			Remove
			Change
	-		□ Add
			□ Remove
			□ Change
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			_□ Remove
			_□ Change

D. If am	iending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>Note</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of: e 90th day after the record is filed.
Dated	August 23 . 2019.
	Signature of a member or authorized representative of a member
	Dillion Smith
	Typed or printed name of signee

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Filing Fee: \$25.00