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T. LEMEUX

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: N.I.T. General Constituted L	ontracting LLC
Name of Limited L	тавину Сопрану
The enclosed Articles of Amendment and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to the	e following:
Nikolaos	Tiliakas Name of Person
N.T.T. Ge	neral Contracting LLC
3517 Ear	field Drive Address
Holiday F	1 34691 cy/State and Zip Code
	used for future annual report notification)
For further information concerning this matter, please call:	
NIKOlaoS TILIGKOS Name of Person	at (727) 851 - 3946 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	1 \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Tallahassee, FL 32314	Chimon Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11-1 (-20-01)	Carless 11 C
(Name of the Limited Liability (A Florida	ty Company as it now appears of birt records.)
	Company were filed on
	,
Florida document number <u>/ 180000914/5</u>	_ ·
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered	tered office address on our records, enter the name of the ne
registered agent and/or the new registered office add	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u> </u>	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	1 Agent:
	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and
peing filed to merely reflect a change in the registere company has been notified in writing of this change.	d office address, I hereby confirm that the limited liability
	If Changing Begistered 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

	thorized Member		
Title	<u>Name</u>	Address	Type of Action
<u>Amb</u> R	Nikolans Tiliakos	3517 Gartield DR	Add
		3517 Garfield DR Holiday Fl 34691	Remove
			Change
			
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			□ Change
	· ————————————————————————————————————		Add
			□ Remove
			Change
			Add
			□ Remove
			Change

E Wastiva data	if other than the date of filing:
Note: If the date	if other than the date of filing:
	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier y after the record is filed.
Dated	1-16 2019 Make 22 Signature of a member or authorized representative of a member
	Miholaer Thabor
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00