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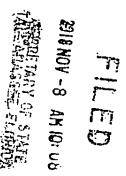
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to Filling Officer. |
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Office Use Only



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COVER LETTER

| SUBJECT: | | CONSTRUCTION MANAGEMENT, LLC | |
|----------------|----------------|--|----------|
| SUBJECT | · | Name of Limited Liability Company | |
| The enclosed | d Articles of | Amendment and fee(s) are submitted for filing. | |
| Please return | n all correspo | ndence concerning this matter to the following: | |
| | | ARNALDO ABREU | |
| | | Name of Person ACUMEN CONSTRUCTION MANAGEMENT, LLC | |
| | | Firm/Company 505 EAST JACKSON STREET, SUITE 201 | |
| | | Address TAMPA, FL 33602 | |
| | | City/State and Zip Code AABREU@ACUMENCM.COM | |
| For further is | nformation co | E-mail address: (to be used for future annual report notification) oncerning this matter, please call: | ř |
| ARNALDO | ABREU | 813 541-3984 17 A | |
| | Name of | |) |
| Enclosed is a | a check for th | e following amount: | |
| ■ \$25.00 F | Filing Fee | ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) | |

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

| (<u>Name of the Limited I</u> (A) | .iability Company as it now appears on our records.) Florida Limited Liability Company) | |
|---|--|--|
| The Articles of Organization for this Limited Liabi lorida document number L18000106627 | | and assigned |
| his amendment is submitted to amend the followi | ng: | |
| | | |
| A. If amending name, enter the new name of the | e limited liability company here: | |
| ACUMEN CONSULTING AND MANAGEMENT, L | LC | |
| he new name must be distinguishable and contain the words | s "Limited Liability Company," the designation "LLC" or t | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | e: | |
| Principal office address MUST BE A STREET A | | |
| menal office address most be morning. | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BO | <u></u> | |
| | | |
| | | 26 28 |
| 3. If amending the registered agent and/or | · • | iterathe fame of the |
| egistered agent and/or the new registered office | e address here: | Q T |
| | | |
| Name of New Registered Agent: | | مُنْ الْمِيْنِ الْمُنْ |
| - | | 55 S C C C C C C C C C C C C C C C C C C |
| New Registered Office Address: | Enter Florida street address | |
| | anter viorida sireti (daress | Etra C |
| _ | , Florid | |
| | Cîrv | 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 | lanager uthorized Member | | |
|---------------------|-----------------------------|-------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Effective date, if other than the d | ate of filing: (optional) | |
| (If an effective date is listed, the date must b | e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 It does not meet the applicable statutory filing requirements, this date will not be listed | |
| he record specifies a delayed of The 90th day after the recor | ffective date, but not an effective time, at 12:01 a.m. on the earlier d is filed. | of: |
| Dated NOVEMBER 6 | 2018 | |
| | | |
| | 76 8 | |
| Si | gnature of a member or authorized representative of a member | |
| 1. 11 | 11 | |
| | Abren Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00