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(Requestor's Name)	_
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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Division of (n Section Corporations	
Mannin	ng and Myers Construction, L.L.C.	
30BJEC1	Name of Limited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.	
Please return all corre	espondence concerning this matter to the following:	
	Billy J. Myers	
	Name of Person	
	Manning and Myers Construction, L.L.C.	
	Firm/Company	
	507 Pervy Campbell Road	
	Address	
	Ponce de Leon, FL 32455	
	City/State and Zip Code	
	susie@johnsonagencynwf.com	
	E-mail address: (to be used for future annual report notification)	
For further information	on concerning this matter, please call:	
Billy J. Myers	850 685-0578	
Nar	me of Person Area Code Daytime Telephone Number	
Enclosed is a check f	for the following amount:	
■ \$25.00 Filing Fee	e ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &

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

Manning and Myers Construction, L.L.C.		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000136077	y were filed on <u>5/31/18</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviationL
Enter new principal offices address, if applicable:		A 666
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
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Enter new mailing address, if applicable:		SiAI SiAI
		3
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the ne
Name of New Registered Agent:	····	
New Registered Office Address:		
new registered Office Address.	Enter Florida street address	
	Floric	da
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Billy J Myers	507 Pervy Campbell	B Add
		Ponce De Leon, FL 32455	□ Remove
			□ Change
			□ Add
			☐ Remove
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l'ffocti	7/31/2018 ve date, if other than the date of filing:	
lf an effe <u>Note:</u>	ve date, if other than the date of filing: cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records.	to 605 0207 se listed as
ne red The	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the equation of the specifies and the record is filed.	earlier of
Dated .	7/31/2018	
	Bill Mica	
	Signature of a member or authorized representative of a member	
	Billy Wyers Typed or printed name of signee	

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Filing Fee: \$25.00