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COVER LETTER

Document L18001959

TO: Registration Se Division of Cor			
SUBJECT: Tee C	Jay Constru	oction Plus LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tony E	Aporto Name of Person	
	Teo C Jay	Construction Plus Firm/Company	SLLC
	2731 Appaloo	Address	
	Orlando FL	32828 City/State and Zip Code	
	Vichio acm?	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca		
Name o	Vichi Taylor Person	at (<u>904</u>) <u>124- </u> Area Code Daytime	385H e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filling Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tee & Jay Construct	ion Plus LLC	
v (<u>Name M the Limited Liability</u> (人下forida l	v Company as it now appears on our record Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
Florida document number <u>L18000195973</u>	<u>L</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Lunit	ed Liability Company," the designation "LLC	or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDRE	ESS)	⊒
	·	A SEC
		6 2.7 6 2.7 6 2.7
Enter new mailing address, if applicable:	·	3 Carre
(Mailing address MAY BE A POST OFFICE BOX)		⊒ 7,7,0
		F = =
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addres	s
	, FI	orida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR≝	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
mGB	Tony E Aporta Ir	2731 Appaloosa Pd Orlando, Fl 327822	■ Add
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