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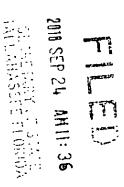
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## COVER LETTER

TO: Registration Section Division of Corporations Karlick & Demiceo Construction LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jordan Karlick Name of Person Firm/Company 34 NW 7th ST Address Boca Raton FL33432 City/State and Zip Code jordank4@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 580-0262 Jordan Karlick Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$60.00 Filing Fee. ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy 🚍 (additional copy is enclosed) (additional copy is enclosed)

> 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

	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
	r rionda Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed on 8/17/18	and assigned
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of t	he limited liability company here:	
Hantisk & Demiseo Construction EEC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "L1.C" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or	registered office address on our records, enter	<b>20</b>
B. If amending the registered agent and/or registered agent and/or the new registered office states of New Registered Agent:	registered office address on our records, <u>enter</u> ce address here:	E'' No
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enterce address here:  Enter Florida street address	2010
B. If amending the registered agent and/or registered agent and/or the new registered office states of New Registered Agent:	registered office address on our records, enterce address here:  Enter Florida street address Florida	2118 SEP 2
registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enterce address here:  Enter Florida street address  City  City	2118 SEP 2

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>	Name Michelle Demicco	Address	Type of Action
MGR	Niichette Lemicco	34 NW 7th ST Boca Raton FL 33432	■ Add
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Effective date, if other than the	e date of filing:	(optional) Tiling or more than 90 days after filing.) Pursuant to	605 0207 (3
Note: If the date inserted in this	plock does not meet the applicable state Department of State's records.	itory filing requirements, this date will not be	listed as th
the record specifies a delayo The 90th day after the re	ed effective date, but not an eff cord is filed.	fective time, at 12:01 a.m. on the ea	arlier of:
September 20th Dated	2018		
Duicu	<del></del>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00