Florida Department of State

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JOSEPH C. SPALT, LLC

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EXAMINER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | Joseph C | Spalt, LLC | | |
|---|---------------------------------|--------------------------|----------------------------|--|
| (Name of the Limit | (A Florida Limited | Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited L. Clorida document numberL18000201026 | iability Compar | | August 22, 2018 | and assigned |
| his amendment is submitted to amend the foll | owing: | | | |
| . If amending name, enter the new name o | f the limited lix | bility company h | ere: | |
| loseph C. Spalt Construction and Consulting, LLG | - | | | |
| The new name must be distinguishable and contain the | words "Limited Lia | bility Company," the o | designation "LLC" or the a | lbbreviation "L.L.C." |
| Enter new principal offices address, if applic | | · . | | —————————————————————————————————————— |
| Principal office address MUST BE A STREI | ET ADDRESS) | | | 2 |
| | | | | 7. · |
| inter new mailing address, if applicable: | | | <u> </u> | - 12 ·· |
| Muiling address MAY BE A POST OFFICE | BOX) | | | <u> </u> |
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| R. It amending the registered agent and cogistered agent and/or the new registered of | Vor registered Mcc address b | office address o erc: | n our records, <u>ente</u> | r the name of the |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | · | Enter Flo | orida Mrcet address | |
| | | | , Florida _ | |
| | | 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 H18000247040 3

MGR = Manager

HO.385 #003

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| AMBR = A | uthorized Mcmber | | |
|--------------|------------------|------------|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| rective date, if other than the date of filing: n effective date is fisted, the date must be specific and cunnot be prior to the: If the date inserted in this block does not meet the applicab cument's effective date on the Department of State's records. | date of filing or more that the statutory filing requ | (optiona n 90 days after film irements, this dat | l) g.) Pursutat c will not ! | to 605.020 be listed a |
| record specifies a delayed effective date, but not The 90th day after the record is filed. | an effective time, | at 12:01 a.m | . on the | earlier o |
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