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((Requestor's Name)	
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T. CLINE
SEP 10 2018
EXAMINER

COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	ADVANCE	ED CONSTRUCTIONS TECH	NOLOGIES, LLC		
SUBJECT		Name of Limi	ited Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		BRYAN HAWKS			
			Name of Person		
		SMITH HAWKS PL			
			Firm/Company		
		138 SIMONTON STREET	ŗ		
		Address			
		KEY WEST FL 33040		3 .	
			City/State and Zip Code		
		BRYAN@SMITHHAWKS			
			to be used for future annual report notific	:a(ion) -	
For further in	iformation co	oncerning this matter, please co	alli:	20 1	
CAMERON	ADAIR		404 264-9301 at ()	් යි ක	
	Name of	Person		Felephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	MAILI	NG ADDRESS:	STREET/COURIE	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADVANCED CONSTRUCTIONS TECHNOLIGES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/27/2018}{}$ and assigned Florida document number L18000205093 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ADVANCED CONSTRUCTION TECHNOLOGIES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
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ective date, if other than the date of filing:			_ (optional)	
effective date is listed, the date must be specific and cannot be p e: If the date inserted in this block does not meet the appument's effective date on the Department of State's recoil	plicable statuto		days after filing.) Purs	
record specifies a delayed effective date, but he 90th day after the record is filed.	not an effe	ctive time, at 1	.2:01 a.m. on tl	ne earlie
AUGUST 29 2018				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00