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## **COVER LETTER**

	egistration Se Ivision of Cor					
CUBILCT		Construction Managment LL	С			
SUBJECT	·	Name of Limi	ited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please retu	rn all correspo	ndence concerning this matter	to the following:			
		Jessica Gagner				
		<del></del>	Name of Person			
		Southern Construction M				
		<del></del>	Firm/Company			
		680 Venson Ct	t inte company		2018 1241	٥
		Deltona, Florida 32738	Address		II SEP -4	
		jess4447@gmail.com	City/State and Zip Code			2 mapers.
		E-mail address: (1	o be used for future annual report notif	ication)	1940 1941 1941 1941 1941 1941 1941 1941	<u>L</u>
For further	information co	oncerning this matter, please ca	ıll:		#G# 25.	
Jessica G			386 453-4447 at ()			
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclosed is	s a check for th	ne following amount:				
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

Southern Construction Managment LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on August 23, 2018	and assigned
Florida document number L18000207279		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
Southern Construction Management LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	l offices address, if applicable: 680 Venson Ct	
(Principal office address MUST BE A STREET ADDRESS)	Deltona, FI 32738	
Enter new mailing address, if applicable:	680 Venson Ct	
(Mailing address MAY BE A POST OFFICE BOX)	Deltona, FL 32738	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.  Name of New Registered Agent:		the name of the r
New Registered Office Address:		
	Enter Florida street address , Florida	4 338 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	<u>े</u> ज
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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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Filing Fee: \$25.00