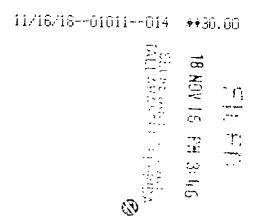
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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bland's In clepandent Contracting, LLC 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:
Heather Bland Name of Person
Firm/Company
636 NE 7th Tarrace
Cape Coval 171. 33909 City/State and Zip Code
E-mail address: (to be used fur future annual report notification)
For further information concerning this matter, please call:
Heather Bland at (813) 399395  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee S4 Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee S4 Certified Copy (additional copy is enclosed)  Certified Copy (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

Bland's Independe	Company as it now appears on our records.) Limited Liability Company)
(A Pionda I	<b>~</b> 1
The Articles of Organization for this Limited Liability Co	empany were filed on 912418 and assigned
Florida document number <u>L   8000221047</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable:	E S T
(Mailing address MAY BE A POST OFFICE BOX)	
	. TO E
	్ల ఆ
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, enter the name of the new ess here:
	<b>,7</b> ,
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<u></u>	, Florida

#### 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

Title	<u>Name</u>	Address	Type of Action
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	(A)	
fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filingte:  If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effect The 90th day after the record is filed.		e earliei
ted Novimber 14 . 2018  The Alw Blad  Signature of a member or authorized represer  Heather Bland  Typed or printed name of signature		
(Norther Bland		
Signature of a member or authorized represer	ntative of a member	

Page 3 of 3

Filing Fee: \$25.00