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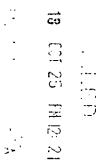
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COVER LETTER

TO: Registration Section Division of Corporation	\$		
SUBJECT: ASCC		ited Liability Company	
	Name of Lin	ned Elabinty Company	
The enclosed Articles of Amendme	ent and fee(s) are sub	mitted for filing.	
Please return all correspondence co	oncerning this matter	to the following:	
	1) yandro	Name of Person	
P	iSCC Cor	rstruction LCC	? -
	4150 B	elfort Rd. #	551542
	Jackson	City/State and Zip Code 15 truction 904 (a) to be used for future annual report notifi	5-1542
	E-mail address: (*	15 truction 104 (a to be used for future annual report notifi	Samail (om
For further information concerning			
Alejandra Schne Name of Person	icle/	at (104) 236- Area Code Daytime	-USZZ Telephone Number
Enclosed is a check for the following	na amaunt		
~ <i>t</i>	_		
-	.00 Filing Fee & extificate 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)

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

HSCC Construction	in LLC	
(Name of the Limited Liability Compa (A Florida Limited I	i <mark>ny as it now appears on our reco</mark> Liability Company)	ords.) . Es
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		28
This amendment is submitted to amend the following:		-m 5.3
A. If amending name, enter the new name of the limited liab		P 21
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4150 BelGo	urtion cc
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Jacksonville P.O. Box Jacksonville	1
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		rds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	tress
		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

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

Type of Action Address Title Name □ Add ☐ Remove ____ Change MGR Alexander 4150 Belfort Rel Add

#SS1542 Remove

Jacksonville, FC 32755 Change __ _ Add Remove 🗋 Change _D`Vqq . \Box _□rRemove ☐ Change ☐ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change

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	, 5
	21
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Iffective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more that the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) an 90 days after filing.) Pursuant to 605.02 uirements, this date will not be listed
e record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earlier
Pated 10/25 Signature of a member or authorized representative of a representative of	nember

Page 3 of 3

Filing Fee: \$25.00