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(I)	Document Number)	
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## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT: EH	S Constructor Name of Limi	n Skrives ((Ĉ ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	indence concerning this matter t	to the following:	
	- Bepora	Sahadeo Name of Person	
	EHS Const	Nuchin Serice Firm/Company	v UC
	403 N.	hunch the	
	Mulber	W 7 33E	760
	E-mail address: (1)	City/State and Zip Code  VCTUNO U(LV), ( o be used for future innual report noti	fication)
For further information o	oncerning this matter, please ca	11:	
1 Jepan C	W Schadeo	at ( <u>\$13</u> ) <u>618 - C</u> Area Code Daytim	8180 ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	(D \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

>HS Censtruction.	senices UC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Ciability Company)
The Articles of Organization for this Limited Liability Company Florida document number 4800237517.	1 - 1 -
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2908 Harringek Vish C
(Principal office address MUST BE A STREET ADDRESS)	Montary 12 33366
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Ab Change Dakelund F 33804
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	charge 2821 F1882
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida
New Registered Agent's Signature, if changing Registered Agent:	<b>07</b>

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 HUBR	Name Crevald Pollon	Address 403 N. Church Avery e of Action Police of Muller pay F 33860 Plade
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		□Change
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lf an effecti <u>Note:</u> If	date, if other than the date of filing:
e record s rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	/
Dated	01/28 2021
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00