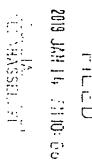
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(Business Entity Name)
(Document Number)
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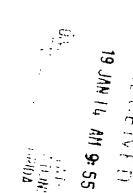
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COVER LETTER

CUDIFCT.		TH CONSTRUCTION OF FL	ORIDA. LLC	
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		KENT NICHOLS		
			Name of Person	
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: KENT NICHOLS Name of Person NEW SOUTH CONSTRUCTION OF FLORIDA, LLC Firmt/Company **WAITING** Address City/State and Zip Code shannon@rosierco.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KENT NICHOLS at (Area Code Daytime Telephone Number) Enclosed is a check for the following amount:				
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: KENT NICHOLS Name of Person NEW SOUTH CONSTRUCTION OF FLORIDA, LLC Firm/Company **WAITING** Address City/State and Zip Code shannon@rosierco.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KENT NICHOLS Area Code Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) Certificate of Status Certificate Copy (additional copy is enclosed)				
		WAITING		
		-	Address	
		-	City/State and Zip Code	. <u> </u>
		shannon@rosierco.com		
		E-mail address: (to be used for future annual report not	ification)
For further is	nformation co	oncerning this matter, please ca	all:	
KENT NIC	HOLS			
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 F	Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

 \sim

NEW SOUTH CONSTRUCTION, LL	.c	- 5
(Name of the Limited (A	Liability Company as it now appears on our records Florida Limited Liability Company)	当至五
The Articles of Organization for this Limited Liab Florida document number L19000004721		and assigned
This amendment is submitted to amend the follow	ing:	C) C
A. If amending name, enter the new name of the	ne limited liability company here:	
NEW SOUTH CONSTRUCTION OF FLORIDA, LL	.c	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE <u>A STREET</u> .	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		orida
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
		.	□ Remove
			Change
			□ Remove
			Change
			D Add
			Remove
		· 	Change
			
			Remove
			Change
			□ Add
			□ Remove
			□ Change
			DAdd
			□ Remove

__ Change

If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	<u> </u>
	
_	
(If an effective Note: If the	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated	January 14 2019
	1/1/ A CHATA
	Signature of a member or authorized representative of a member (0: = = = = = = = = = = = = = = = = = = =

Page 3 of 3

Filing Fee: \$25.00