L19 0000 20335

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COVER LETTER

TO:

P.O. Box 6327 Tallahassee, FL 32314

	Registration Se Division of Cor					
	SCHAFFER	R CONSTRUCTION SERVIC	ES			
SUBJEC	T:	Name of Lim	Name of Limited Liability Company			
The encl	osed Articles of ,	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		DANIEL SCHAFFER				
		SCHAFFER CONSTRUC	Name of Person TION SERVICES LLC	72		
		1508 CHANDLEE AVE	Firm/Company	1019 MAR 22		
Address PANAMA CITY, FL 32405				PH I: 13		
		<u> </u>				
		E-mail address: (to be used for tuture annual report notification	on)		
For furth	er information co	oncerning this matter, please ea	all:			
DANIEL	SCHAFFER		850 8960105 at ()			
	Name of	Person		phone Number		
Enclosed	is a check for th	e following amount:				
■ \$25,0	00 Filing Fec	☐ \$30.00 Filing Fee & Certificate 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)		
	Registra	NG ADDRESS: ation Section a of Corporations ax 6327	STREET/COURIER A Registration Section Division of Corporation Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCHAFFER CONSTRUCTION SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1/17/2019 and assigned Florida document number L19000020335 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an effective Note: If t	ve date is lis he date ins	ted, the date must crted in this blo	date of filing:	he applicable		more than 90 day		
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Dated M/	ARCH 5			19\	M	/		
	DANIE		Signature of a memb	er or authorize	o re presentativ	e of a member		
	DANIEL	JUDE SCHAF		ed or printed na	rme of signee		·	

Page 3 of 3

Filing Fee: \$25.00