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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2019

DANIEL SCHAFFER 1508 CHANDLEE AVE PANAMA CITY, FL 32405

SUBJECT: SCHAFFER CONSTRUCTION SERVICES LLC

Ref. Number: L19000020335

We have received your document for SCHAFFER CONSTRUCTION SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood Regulatory Specialist II

Letter Number: 019A00015561

www.sunbiz.org

COVER LETTER

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

| (A Florida Limited Li | ability Company) |
|--|---|
| The Articles of Organization for this Limited Liability Company v Florida document number <u>L1400020335</u> | vere filed on $8-15-2019$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabil | |
| The new name must be distinguismote an amain the words "Limited Liabilit | ty Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1508 chardlee Ave |
| (Principal office address MUST BE A STREET ADDRESS) | Punama City FL 32405 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2019 AUG 19 SELLAHAS |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | ice address on our records, enter-the name of the new |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | Married & contained fill of a paragraph of the |

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, enter the title, name, and address of each person being added or removed from our records:

| MGR = Mar AMBR = Aut | nager horized Member | | | | | | |
|-------------------------|-------------------------|-------------|---------|--------------|-------------------------|-------------|----------------|
| <u>Title</u> | <u>Name</u> | | Address | | | | Type of Action |
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| in effective date ote: If the date | is listed, the date : inserted in this | | nd cannot be prior to meet the applicab | | | | .) Pursuant to 605.02 will not be listed: |
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| nted <u></u> 8- | 15-2019 <u></u> | | member or authori | zed repelsement | ve of a membe | ·r | |
| | | Daniel | | | _ | | |

Page 3 of 3

Filing Fee: \$25.00