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(Requestor's Name)
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PICK-UP WAIT MAIL
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OF CORPORATIONS
TALL MHASSEE, FLORION

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## **COVER LETTER**

TO:	Reg Div	istration Sed ision of Corp	ction porations					I		
SUBJE	CT:	IHH	ACA	Gene	RAL	ConstRuc	tion	LLC		
				Name of 1	Limited Lie	bility Company				
The en	closed	Articles of z	Amendment	and fee(s) are	submitted	for filing.				
Please	return	all correspon	ndence cond	erning this mat	ter to the	following:				
			A	HON	У	Kare of Person	<u>کر</u>			
						Firm/Company		<del></del>		
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			02	E-mail address	0 Ho	oth Ail . Com sed for future annual repor	t notification)	IN VIDEO ISING RORATION FLORIDA	PH 3: 08	7
For fur	ther in	440	KAN	is matter, pleas	e call:		17-37		œ	
•		Name of	Person			Area Code D	aytime Telephone	2 Number		
Enclose	gd is a	check for th	e following	amount:						
<b>\[\sigma\\$</b> 2	5.00 F	iling Fee		Filing Fee & Afficate of Status		\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	) (	60.00 Filing Fee Certificate of Sta Certified Copy additional copy is e	itus &	
		ling Address				Street Addre Registration				

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_ City

## 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 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	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of filing:  1 effective date is listed, the date must be specific and cannot be prior to date of filing.	(optional) ng or more than 90 days after filing.) Pursuant to 605.020
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ecord specifies a delayed effective date, but not an effective time, at 12:01 s filed.	a.m. on the earlier of: (b) The 90th day after the
red 12/27/24,	

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Typed or printed name of signee