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COVER LETTER

TO:	Registration Sec Division of Corp			
		Construction LLC		
SUBJEC	;;	Name of Limi	ited Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Chandler Richardson		
			Name of Person	-
		3724 Chandler Feen Drive	Firm/Company	
		Panama City, FL 32404	Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For furth	ner information co	oncerning this matter, please ca	all:	
Chandle	er Richardson		850 819-3490 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25.	.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)

MAILING ADDRESS:

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

Richardson Construction LLC

2019 00T -1 PM 2: 06

(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 Florida document number L19000088266		and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	.imited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ac		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	288
		lorida
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Joshua A. Paulk	113 Derby Woods Drive Lynn Haven, FL 32444	_ Add
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E. Effective date, if other th	an the date of filing:		(optional) 190 days after filing.) Pursuant to 605.020
Note: If the date inserted in	date must be specific and cannot be ported this block does not meet the appeartment of State's record	dicable statutory filing requi	rements, this date will not be listed a
f the record specifies a d b) The 90th day after th	elayed effective date, but ne record is filed.	not an effective time,	at 12:01 a.m. on the earlier o
Dated August 13	2019	_ ·	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00