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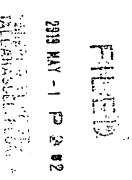
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
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Certified Copies Certificates of Status
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COVER LETTER

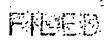
TO:						
CHD II			.C			
Name of Limited Liability Company						
The en	aclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		JAMES C HENDERSON				
	JC HENDERSON CONSTRUCTION LLC BJECT:					
			Firm/Company			
	124 GRAND LAGOON SHORES DR					
			Address			
		PANAMA CITY BEACH	, FL 32408			
		JCHENDERSON33@GMA				
		E-mail address: (to be used for future annual report notif	ication)		
For fur	ther information co	oncerning this matter, please c	all:			
JAME	S C HENDERSON	ν'				
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclos	ed is a check for th	e following amount:				
■ \$2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		

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**



JC HENDERSON CONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on option (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{04/02}{}$	TALL AN ACCES F Loand assigned
Florida document number L19000090629		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here	:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the design	gnation "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 o	ur records, enter the name of the new
registered agent and/or the new registered office address h	nere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	

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. Thereby 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
AMBR	MATTHEW FELGENHAUER	124 GRAND LAGOON SHORES DR	⊟ Add
		PANAMA CITY BEACH, FL 32408	
			□ Change
AMBR	ALEX MINER	120 NORTH SHORE DR	∃ Add
		PANAMA CITY BEACH, FL 32408	☐ Remove
			Change
NATA			
			🗆 Remove
			Change
			D Add
			Remove
			Change
			🗆 Remove
			☐ Change
			Remove
			☐ Change

f amending any other info				- ·	
	 				
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ffective date, if other than	the date of filing: _			_ (optional)	
an effective date is listed, the date tote: If the date inserted in th	must be specific and can	not be prior to date of	filing or more than 90 c	lays after filing.) Pursuant to	605,0207
ocument's effective date on the	e Department of State	's records.	nory ming requireme	ints, this date will not be	Hsted as
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e record specifies a dela	ved affective date	hut not an af	factiva tima at 1	2:01 2 m an the e	- wii
The 90th day after the	record is filed.	, but not an er	ective time, at 1	2.01 a.m. on the ea	arner or
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	Signature of a morn	bur or authorized ren	resentative of a membe	<u> </u>	_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00