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SECRETARY OF THE REPORT

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COVER LETTER

Division of Corporations
SUBJECT: TMC Construction & Co, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSE LI. CATA Name of Person
JMC Construction & Co, LLC Firm/Company
2343 Country CLUB Rd
SEBUINE, FL 338572 City/State and Zip Code JOSCOUSTIZUCTION, F. Q. COMBIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954), 815: 2788 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \text{S55.00 Filing Fee & Certificate of Status} \Bigcup \text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing Address: Registration Section Street Address: Registration Section

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

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroc Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMC Construct	on & Co, LLC	
(<u>Name of the Limited Liabit</u> (A Florid	lity Company as it now appears on or la Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability C Florida document number 1900112532	Company were filed on4	24 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
IMC RESIDENTIAL		
The new name must be distinguishable and contain the words "Lim	nited Liability Company." the designati	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
		202: SE
(Principal office address MUST BE A STREET ADDR	(ESS)	·= (3
		- CO
	1.	次是 22 <u>—</u>
Enter new mailing address, if applicable:	_ N/A	
(Mailing address MAY BE A POST OFFICE BOX)	·	
		→
B. If amending the registered agent and/or registered	d 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:	NA	
New Registered Office Address:		
	Enter Florida stree	et address
	·	, Florida
	Ciţy	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my dui ent as provided for in Chapter	ties, and I am familiar with and c 605, F.S. Or, if this document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
		N/A	
			□Remove
			□Change
			□Remove
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			□Change
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Tions II mic	date inserted in this bleffective date on the D	lock does not meet	i the applicable s	statutory filing req	uirements, this da	te will not be listed
e record sper rd is filed.	ifies a delayed effectiv	e date, but not an	effective time, a	t 12:01 a.m. on the	e earlier of: (b)	The 90th day after th
	.)					
Dated	2/15	ء. <u>ک</u> یر (<u> 2022</u> .			
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		Signature of a mem	ber or authorized	representative of a n	nember	

Filing Fee: \$25.00