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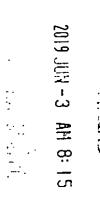
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Registration Section

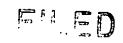
Division of Corporations

TO:

SUBJECT: <u>South S</u>	tate Contraction	id Liability Company	
	mendment and fee(s) are subr		
Please return all correspond	ence concerning this matter t	to the following:	
	Leonar	Name of Person	
	South State	Contracting Services	LLC.
	515 SW	29 H Terrace	
			<u>: </u>
	E-mail address: (1	City/State and Zip Code it @ Com Cast. net to be used for future annual report notifi	cation)
For further information cor	cerning this matter, please ca		
1		at (<u>239</u>) <u>671-</u> Area Code Daytime	4911 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$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)
Registrat Division P.O. Box	GADDRESS: ion Section of Corporations 6327 see, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



2010 31351

	· · · · · ·		9 JUN -3 AM 8: 1
Same of the Limited Dabil	ity Company as it how appe	ars on our records.)	
(A Florid	Continue Scribby Company)	, ;	
The Articles of Organization for this Limited Liability C	Company were filed on _	05 13 2019	and assigned
Torida document number <u>L19000 1 2 97 36</u>	6	•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company l	<u>iere</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		<u></u>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>	
3. If amending the registered agent and/or regi		on our records, <u>ente</u>	r the name of the n
egistered agent and/or the new registered office add	<u>dress here</u> :		
Norman (SNorm Danistanna) America			
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	orida street address	
	City	Florida _	Zip Code
New Registered Agent's Signature, if changing Registers	ed Agent:		
hereby accept the appointment as registered agent	t and agree to act in this	s capacity. I further a	gree to comply with t

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Linda M Phelps	6 Old Birch Court	
		6 Old Birch Court Blairsville, GA 30512	Remove
			□ Remove
			Change
			□ Remove
			Change
			☐ Remove
			Change
			□ Add
			☐ Remove
			Change
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(If an effe Note:	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _.	Signature of a member of authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00