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Registration Section

TO:

Divis	sion of Cor	porations				
	PHEONIX	CONTRACTING LLC	•			
SUBJECT:Name of Limited Liability Company						
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return a	all correspo	ndence concerning this matter	to the following:			
		Kevin Hughes-Stowe				
			Name of Person			
		Pheonix Contracting LLC				
			Firm/Company			
		9915 Smarty Jones Drive				
		<u> </u>	Address			
		Ruskin, Florida 33573				
			City/State and Zip Code			
		kevin@phxcontracting.com				
For further inf	ormation c	n-man address: to	to be used for future annual report no all:	(theation)		
Kevin Hughes			813 5395435			
		f Person	at ()	me Telephone Number		
	(vanic o	T CISM	Alea Code Paya	ne receptante realitée		
Enclosed is a o	check for th	ne following amount:				
■ \$25.00 Fil	ling 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)		
	ing Addres		Street Address:			
_	istration S			Registration Section		
	Box 632	orporations 7	Division of Co The Centre of	•		
		L 32314		oc Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHEONIX CONTRACTING LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our d Liability Company)	records.)
The Articles of Organization for this Limited Liability Compan	ny were filed on $\frac{07/15/2019}{}$	and assigned
Torida document number L19000181856		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
PHOENIX CONTRACTING LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2020 AL
The party office address most be a street and the	•	28 B 75
	·	ASS.
Enter new mailing address, if applicable:		11 TK 21
Mailing address MAY BE A POST OFFICE BOX)	······	
		: 2 02:15
		;·· —
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	e address on our records,	enter the name of the new regist
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 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>	<u>Address</u>	Type of Action
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			2020 HAR LOCKETAR I
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			RID. □Add
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Effective date, if other than the date of filing:	odate of filing or more than 90 days after t	nal) filing.) Pursuant to 605.02
Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	ole statutory filing requirements, this	date will not be listed
e record specifies a delayed effective date, but not an effective timerd is filed.	e, at 12:01 a.m. on the earlier of: (b)	The 90th day after th
Dated 13 MARCH 2020		
	-·)	
	///	

Filing Fee: \$25.00

Typed or printed name of signee