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OCT 2 6 2019 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporation			
subject: Scho	DONDVER COAS Name of Limi	ted Liability Company	-
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Jan	RS Schoonove	2.1
	Schoono	ver Construct	ion, LLC
	1094 E	Ignove Drive	
	Delton	a, FL 3272 City/State and Zip Code	25
-	Schoonover E-mail address: (t	CONSTRUCTION CONSTRUCTION CONSTRUCTION CONSTRUCTION CONTROL CO	Yahoo. Com otification)
For further information conc	erning this matter, please ca	ıll:	
James Sch Name of Po	MOONOULV crson	at (Days	ime Telephone Number
Enclosed is a check for the f	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)

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

Schoonove (Name of the Limite	CONSTUCTO U ed Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Li-		5/19 and assi	gned
This amendment is submitted to amend the follo	owing:		
his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)			
Enter new principal offices address, if applica	able:	on "LLC" or the abbreviation "L.I	C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)		
2,	•	records, <u>enter the name (</u>	of the no
Name of New Registered Agent:	Julie Schoonov	er	
New Registered Office Address:	1094 Elgrove Dr Enter Florida stre) VC. et address	
	Deltona	Florida <u>3272</u> \$ Zip Code	5

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 bein or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
m6R	Julie Schoonover	1094 Elgrove Drive	
		Deltona FL 32725	Remove
			Change
m6R	James Schoonover	1094 Elgrove Drive	Add
		1094 Elgnove Drive Deltona, FL 32725	Remove
			Change
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			Remove
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Note: If the da	e, if other than to the is listed, the date are inserted in this fective date on the	block does not	meet the applic	cable statutor	ng or more than y filing requi	(option 190 days after fil rements, this d	al) ing.) Pursuant to ate will not be	605.02 listed :
	pecifies a delay day after the r			ot an effec	tive time,	at 12:01 a.r	n. on the ea	rlier
Dated 10	14		. 2019	·				
	Juli	SChw Signature of	On MCK	orized amress	ntative of a m	unber		
		Scho						

Page 3 of 3

Filing Fee: \$25.00