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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations MILESTONE CONSTRUCTION SURVICES LLC SUBJECT: Name of Lunned Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Ptease return all correspondence concerning this matter to the following: ANA LACOSTA Name of Person MILESTONE CONSTRUCTION SERVICES LLC Firm Company 7709 ANDERSON RD Address TAMPA, FL 33634 City/State and Zip Code ANNAGTHEFLOORINGDISTRICT.COM ir-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: ANAName of Person I uclosed is a check for the following amount: ■ \$25 00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & 11 \$69,00 Frame Feet Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed). Certified Core candidated by the con-Mailing Address: Street Address: Registration Section Registration Section Division of Corporations

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/27/2020 Florida document number L20000032678 . This amendment is submitted to amend the following: A. 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 "LLC" as ANA LACOSTA Enter new principal offices address, if applicable: 7709 ANDERSON RD TAMPA, 14, 33634 (Principal office address MUST BE A STREET ADDRESS) 5202 TAMPA WEST BLVD Enter new mailing address, if applicable: TAMPA FL 33634 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: ANA LACOSTA Name of New Registered Agent: 7709 ANDERSON RD New Registered Office Address: Enter Florida street address TAMPA

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 familian with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, it this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited handlive company has been notified in writing of this change.

f 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	1528 of Action
• AMBR	ANA LACOSTA	7709 ANDERSON RD TAMPA, FL 33634	= \(\frac{1}{2}\)
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Typed or printed name of signee