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COVER LETTER

	gistration So ision of Cor				
CHRICT.		LA ALUMINUM CONSTRUC	CTION LLC	* ·	
SUBJECT: Name of Limited Liability Company					
The enclosed	d Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return	i all correspo	ondence concerning this matter	to the following:		
		KENT BETHEA			
	Name of Person				
	PENINSULA ALUMINUM CONSTRUCTION LLC				
	Firm Company				
		115 16TH AVE N APT 3			
			Address		
		JACKSONVILLE BEACI	H. FL 32250		
			City/State and Zip Code		
		PENINSULAALUMINUM	⊮@GMAIL.COM		
		E-mail address: (to be used for future annual report not	ification)	
For further in	nformation c	oncerning this matter, please c	all:		
KENT BET	HEA		904 327-9977 at ()		
Name of Person			ne Telephone Number		
linclosed is a	a check for th	re following amount:			
■ \$25,00 F	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:		Street Address: Parintention Section			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{01/31/2}{2}$	2020 and assigned
Florida document number L20000139775	
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 design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	1 R 2
Enter new mailing address, if applicable:	्रांट प
(Mailing address MAY BE A POST OFFICE BOX)	भूग 🛣
	LOR STATE
	<u>а</u> н 6
B. If amending the registered agent and/or registered office address on our recoragent and/or the new registered office address here:	ds, enter the name of the new registe
The state of the s	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida s.	treet address

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.

City

Florida _

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	Type of Action
AMBR	ERIK PATTEN	115 16TH AVE N APT 3	■Add
		JACKSONVILLE BEACH, FL 32250	□Remove
			☐ Change
			🗆 🗸 🗆 🗀 Add
			□Remove
			□Change
			TAN ASSET FLORING
			25 PE CORING PE
			ERemove
			☐ Change
			
			□Remove
			□Change
			□Remove

Typed or printed name of signec-