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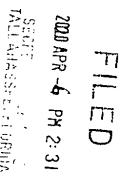
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## **COVER LETTER**

Division of Corporations
SUBJECT: Botchellor Construction LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Devon Batchellon Name of Person
Betchellor construction LLC Firm/Company
1471 Caribbean Drive Address
Melbourne, FL 32935 City/State and Zip Code
Melbourne, FL 32935  City/State and Zip Code  info @ bootchellor construction. com  E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Devon Botchellor at (301) 634-4600  Name of Person Area Code Daytime Telephone Number
inclosed is a check for the following amount:
Z \$25.00 Filing Fee
Mailing Address:  Registration Section  Street Address:  Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Botchellor	- Constr	ruction	LLC			
(Name of the Limi	ted Liability Compar (A Florida Limited L	<u>iy as it now appear</u> iability Company)	<u>s on our records.</u> )			
The Articles of Organization for this Limited L	iability Company	were filed on	20/14/20	<u>30</u>	_ and as	ssigned
Florida document number <u>L20000</u>			. ,			
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liabi	lity company he	<u>re</u> :			
				<u> </u>	<u>.</u>	<del></del>
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the di	esignation "LLC" o	r the abbrev	viation "L	L.C.**
Enter new principal offices address, if applications	cable:					
(Principal office address MUST BE A STREE	ET ADDRESS)				<u>-</u>	<del></del>
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE	BOX)		<del> </del>	<u> </u>	_2	
				<u> </u>	) A 01	<del> </del>
				77 3 e 174	PR.	i   
B. If amending the registered agent and/or agent and/or the new registered office addresses	_	ddress on our re	cords, <u>enter th</u>	<u>e name o</u>	f <b>the</b> -ne	:w]rēgistered
agent and/or the new registered office addre	:53 HETE.			<u>. 13</u>	PH	
Name of New Registered Agent:	<u>aba</u>			<u>с.</u> Е	$\dot{\sim}$	G
Name of New Registered Agent:			·	<del></del>	<u> </u>	
New Registered Office Address:		Entay Flor	ida street address			<del></del>
		Liuci Fior	aa meer aaaress			
		City	, Flori	ida	Zip Code	<del></del>
New Registered Agent's Signature, if changing	Registered Agent:	O.i.i			zap Char	
		an en ane in ebia :				
I hereby accept the appointment as register provisions of all statutes relative to the project.				_		
accept the obligations of my position as reg						

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>	Address	Type of Action
MGR	Chad Batchellor	1471 Caribbean Dr	YAdd
		Melbourne, FL 32935	□Remove
			□Change
			□ Add
			[]Remove
			□Change
			🗆 Add
			Remove
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<del></del>			□Add
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			□Remove
			□ Change

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(If an e Note	tive date, if other than the date of filing:
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Date	April 2 , 2020 .
	Signature of a member or authorized representative of a member
	Devon Batchellor Typed or printed name of signce