## L20000065485

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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor		,		
	STRUCTION LLC	•	•	
SUBJECT:	Name of Lim	nited Liability Company	_ <del>.</del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Michael Polstein			
		Name of Person		
	<del> </del>	Firm/Company		
	863 Strathmore Drive			
		Address		
	Orlando, FL 32803			
		City/State and Zip Code		
	rd@ripit.com			
For further information e	n-mail address: (	to be used for future annual report no all:	tification)	
Michael Polstein		305 527-1243		
Name o	l'Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check for the	he 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		Street Address:		
Registration Section Division of Corporations		Registration Solution of Co		
P.O. Box 632			The Centre of Tallahassee	
Tallahassee, 1	FL 32314	2415 N. Monre	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION -OF

2020 AUG 14 AH 9: 06

## MAP CONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A CRAIGA EAIII	nted maonity Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on $\frac{02/27/202}{1}$	and assigned
Florida document number 1.20000065485		
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	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:  Name of New Registered Agent:	fice address on our records	enter the name of the new registere
New Registered Office Address:		
	Enter Florida stree	et address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my du as provided for in Chapte	ties, and I am familiar with and r 605. F.S. Or, if this document is
īr	Changing Registered Agent, Sig	nature 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 2020 AUG 14 AH 9: 06	Type of Action
MGR	Matthew Polstein	5108 Fairway Oaks Drive, Windermere, FL 34786	<b>≣</b> Add
			□Remove
			□Change
MGR	Jason Polstein	838 Strathmore Drive, Orlando FL 32803	<b>=</b> Add
			🗆 Remove
			[] Change
			🗆 Add
			□Remove
			[] Change
			□Add
			□Remove
			□Change
			□Add
		<u></u>	□Remove
			□Change
			🗆 Add
			□Remove
			Change

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Filing Fee: \$25.00