LZ0000079888

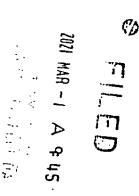
(Requestor's Name)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
	Construct-E	EPC LLC	*		
SUBJECT:		Name of Lim	ited Liability Company		
*** 3			ta le en		
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.		
- ระเบา	all correspo	indence concerning this matter	to the following:		
		Paolla Brazutti			
			Name of Person		
		Construct-EPC			
			Firm/Company	 	
		4500 Salisbury Rd.			
			Address		
		Jacksonville FL 32216			
			City/State and Zip Code		
		paollafb@gmail.com	to be used for future annual report no	tification)	
Tarther in	nformation c	oncerning this matter, please ca		incara,	
Paolla Brazutti or Scott Bolo		904 554-6556 at ()			
	Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 B	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 5 Section 5 Section 5 Section 6 Sectio	
	iling Addres		Street Address: Registration So	ection.	
Registration Section Division of Corporations		Division of Co			
	P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONSTRUCT-EPC LLC

(<u>Name of the Limited Liability Comp</u> (λ Florida Limited	any as it <u>now appears on our re</u> Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L20000079888</u> .	y were filed on <u>03/12/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	"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 office agent and/or the new registered office address here:	address on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street a	ddress
	City	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	%
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my dutie s provided for in Chapter 6	s, and I am fan dt jar with and 505, F.S. Or, if this document is
If Ch	anging Registered Agent, Signat	ture of New Registered Agent

1f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added on removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CLARENCE PEARSON	275 JOHN KNOX RD, APT U105	= Add
		TALLAHASSEE, FL 32303	🗆 Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change
_			□Add
			□Remove
			Change
			Remove
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		2/26/2021		(A		
effective date is listed	er than the date of filin , the date must be specific an	d cannot be prior to dat	te of filing or more than	(optional) 90 days after filing.)	Pursuant to 605.0	207 (3
te: If the date insert	ed in this block does not t	meet the applicable s	statutory filing requir	rements, this date	will not be listed	l as th
	ate on the Department of S				1887 1887	
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