(Requestor's I	Name)
(Address)	
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(City State /Zip	o/Phone #)
(Business En	tity Name)
(Document No	umber)
Certified Copies Cert	tificates of Status
Special Instructions to Filing Office	cei





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COVER LETTER

TO:	Registration Se Division of Cor		•	• .			
SUBJE	Construct-F	EPC LLC ,					
3013/15/	~I	Name of Lim	ited Liability Company				
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Paolla Brazutti Name of Person Construct-EPC					
			Name of Person				
		Construct-EPC					
		·	Firm/Company				
		4500 Salisbury Rd.					
			Address				
		Jacksonville FL 32216					
			City/State and Zip Code				
		paollafb@gmail.com					
		E-mail address: (to be used for future annual report no	otification)			
For furtl	ner information c	oncerning this matter, please c	all:				
Paolla Brazutti or Scott Bolo		Bulo	904 554-6556 at ()				
	Name o	f Person	Area Code Days	ime Telephone Number			
Enclosed	I is a check for th	ne following amount:					
■ \$25	.00 Filing Fee	S30.00 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONSTRUCT-EPC LLC

as it now appears on bility Company)	our records.)	
ere filed on $\frac{03/12/2}{}$	020	and assigned
ty company here:		
Company," the design	ation "LLC" or the al	obreviation "L.L.C."
		-
	<u>=</u>	
dress on our recor	ds, <u>enter the nan</u>	ne of the new registere
Entar Florida e	trast addrace	
City	, Florida	Zip Code
erformance of my	duties, and Lam,	familiar with and if this document is
<u> </u>	ty company here: Company," the design dress on our recor Enter Florida s. City to act in this capa prformance of my	Company," the designation "LI.C" or the ab

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>	Name	Address	Type of Action
MGR	CLARENCE PEARSON	275 JOHN KNOX RD, APT U105	■Add
		TALLAHASSEE, FL 32303	□Remove
			Change
			□Add
			□Remove
			□ Change
			🗀 Add
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	specifies a delayed eff d.	fective date, be	it not an effec	ctive time, at 1.	2:01 a.m. on the	earlier of: (b)	The 90th day afte	r the
rd is filed			<u>70</u>	21				
	2-26-							
rd is filed	2·2le=	Signature	Scatt	z Bolor				