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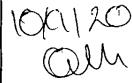




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2020 AUG 24 PM 2: 10 SECRETARY OF STATE



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
CHRICT	Lupton's Co	onstruction Services LLC			
SUBJECT:	-	Name of Lim	ited Liability Company		
The encloses	l Articles of	Amendment and fec(s) are sub	mitted for filing		
			_		
Please return	all correspo	ondence concerning this matter	to the following:		
		Charles E. Lupton Jr.			
			Name of Person		
		Lupton's Construction Serv	vices LLC		
Firm√Company					
		20840 Chisholm Trail			
			Address		
Land O Lakes, Florida 34638					
					
		Charles44lcs@gmail.com			
		E-mail address: (to be used for future annual report	notification)	
For further in	nformation c	oncerning this matter, please ca	all:		
Charles E. Lupton Jr.		813 714-3530)		
	Name o	f Person	at ()	rtime Telephone Number	
Enclosed is a	i check for th	ne following amount:			
□ \$25.00 F	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)	
	iling Addres		Street Address Registration		
Registration Section Division of Corporations			Registration Section Division of Corporations		
). Box 632			of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED.

2020 AUG 24 PM 2: 10.

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our reacte. AHASSEE. FL

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4/23/2020 _____ and assigned 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 "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __ , Florida ___

New Registered Agent's Signature, if changing Registered Agent:

Lupton's Construction Services LLC

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.

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	Charles E. Lupton Jr.	20840 Chisholm Trail	= Add
		Land O Lakes, Fl. 34638	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			[] Change
			□Add
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	8/18/2020	
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f an effective date is listed, the date must b Note: If the date inserted in this block document's effective date on the Depa e record specifies a delayed effective of	ate of filing:	d as t
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If an effective date is listed, the date must b Note: If the date inserted in this block document's effective date on the Department specifies a delayed effective ord is filed.	ate of filing:	d as t
Note: If the date inserted in this block document's effective date on the Department specifies a delayed effective ord is filed. Dated August 18	ate of filing:	d as t