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C. GOLDEN AUG 2 9 2020

## **COVER LETTER**

ΓO:	Registration Se Division of Cor			
SUBJE	Cons	truction Duck LLC	*	•
COJE	C1.	Name of Lim	ited Liability Company	<u>.</u>
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease i	return all correspo	ondence concerning this matter	to the following:	
			O 12 Barrer	
			Sonia Becerra  Name of Person	<del></del>
			Swyft Filings, LLC	
			Firm/Company	
		3 (	Greenway Plaza #1320	
			Address	
			Houston, Texas 77046	
			City/State and Zip Code	
			filings@swyftfilings.com	
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please of	oll:	
	Sonia E	Becerra	at (877 ) 777-04	50
		f Person		Telephone Number
Snelve	ed fe a chook for t	he following amount:		
		-	Marron mar e	El ézo oo tuu - ti
<b>#</b> ( \$23	5.00 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20% JPT 20 PM 3:52

(Name of the Limited	Construction Duck LLC Liability Company as it now appears A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia	bility Company were filed on	05/18/2020	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company her	<u>-e</u> :	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
B. If amending the registered agent and/o registered agent and/or the new registered offi		our records, enter	the name of the n
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
		. Florida	
	City	, I loi lua	Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:		

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 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
AMBR	Amber Starr	3306 DEL PRADO CT	! <sup>—</sup> Add
		TAMPA, FL 33614	Remove
			☐ Change
			□ Add
			☐ Remove
			Change
		Add	
		Remove	
		Change	
			☐ Remove
			Change
		□ Add	
		Remove	
		Add	
			□ Remove
			Change

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,	<del></del>
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f an ef Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
	June 30th 2020
	Signature of Smember or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00