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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORIGIN CONSTRUCTION, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

/ STIKER

AUG 5 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Origin Construction, LLC | | | |
|---|--|--|---|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears of Liability Company) | on our records.) | |
| The Articles of Organization for this Limited Liability Company | were filed on 06/10 | V2020 | and assigned |
| Florida document number L20000154654 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here | : | |
| Origin Construction Holdings, LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the desig | gnation "LLC" or the abbi | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | ī | 20 |
| | | : | |
| Enter many models - Advance of and Backley | | | AU6 - |
| Enter new mailing address, if applicable: | | 1 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | → ,, |
| | | | ⇔ |
| B. If amending the registered agent and/or registered office a | ddress on our reco | ords, <u>enter the name</u> | of the new registered |
| agent and/or the new registered office address here: | | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| ites inglatera critic radicas. | Enter Florida | street address | *************************************** |
| | Planta. | | |
| | City | , Florida | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agre | ea to not in this seem | nasin I fundam - | a to committee with the |
| provisions of all statutes relative to the proper and complete _l | e to act in this cap performance of my | мсну, 1 juriner agre v duties, and I am fai | e to compty with the miliar 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 |
|---|-------------|---------|----------------|
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| ocument's effective date on the Dep | artment of State's records. | | |
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