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COVER LETTER

Division of Corporations
SUBJECT: CASEPERTER Construction & Jesign Lile Name of Limited Liability Company
, or zamos zamos zamos ,
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SHOGIFIER L. CANGEITECK
CASCOCIATION & DISPOSITE LECTOR DISPOSITE LECTOR (ON STRUCTION) & DISPOSITE LECTOR OF THE PROPERTY OF THE PROP
301 W. Bay Street
JACKSYNUILLE HORING 14/74 Kity/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas 25 212-56710
ACYULINE ARPENTER at (84) 402-54 16 Name of Person Name of Person Area Code Daytime Telephone Number
,
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}\$\$\$Certificate of Status \$\Bigcup \text{Cadditional copy is enclosed}\$\$\$\$\$\$\$\$\$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

AM florit-esc wisty	Ity Company as it now appears on on the Limited Liability Company)	2121 APD 21 PM 4: 50
The Articles of Organization for this Limited Liability	Company were filed on <u>MuSi</u>	15+ 64, 202 Cand assigned
Florida document number	<u> </u>	,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designar	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our record	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	
	City	, Florida Zip Code

New Registered Agent's Signature, if changing Registered 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 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 2821 APR -2 PH 4: 49 AMBR = Authorized Member Type of Action Address Title Name Cameran Ambr Davry Campenter ______ ______ Change _____ Remove _____ Change _____ □Add _____ □ Remove

Change

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If an effective of Note:	date is listed, th date inserted	than the date ne date must be sp in this block do on the Departn	ecific and co	annot be pr et the app	dicable stat	f filing or mor lutory filing	e than 90 o requirem	_ (option days after f ents, this	iling.) Pursu:	ent to 605.0207 (of be listed as t
e record spec rd is filed.	ifies a delaye	ed effective date	, but not a	n effectiv	e time, at 1	2:01 a.m. oi	the earli	er of: (b)	The 90th	day after the
Dated	Mil J	25 TWarel	 Di	<u> 202</u> 100	(- QV T	te				
_	/ /	Signa	iture of a m	ember or a	phorized re	presentative (if a membe	er		