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| (Requestor's Name) | | | | | |
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| (Business Entity Name) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

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| ŢO: | Registration Section Division of Corpo | | • | Aftention To: Newsa Culligan |
| SUBJI | ECT: | Infinite Name of Lim | y' STEWOLK | |
| The en | sclosed Articles of An | nendment and fee(s) are sub | mitted for filing. | |
| Please | return all corresponde | ence concerning this matter | to the following: | |
| | | Raymond | Moseley Name of Person | |
| | | 2011 hal 2- | Firm/Company | |
| | | | Address FL 33904 City/State and Zip Code | |
| | | | TKO GMAIL . COM to be used for future annual report notif | |
| For fu | | erning this matter, please ca | all: | |
| | Raymond / | | at (239) 345-46 Area Code Daytime | Control of the Contro |
| Enclos | sed is a check for the f | following amount: | | |
| □ \$2 | 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) |

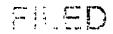
Mailing Address:

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



2020 SEP 28 PH 12: 41

| Tofintly Sitework LLC SECRETARY DE STATE (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
|--|
| The Articles of Organization for this Limited Liability Company were filed on September 03, 2020 and assigned |
| Florida document number <u>L20000275221</u> |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: |
| 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 |
| |
| City 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 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> | <u>Name</u> | Address | Type of Action |
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