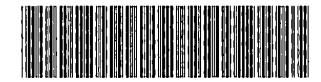
## 120000346780

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TO: Registration Se Division of Cor			
SUBJECT: TOK	coda Const	YUCTION LLC	 
······································	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Manessa	Name of Person	
	Takada co	CNSTYUCTION L	LC
	12401 W	OVECTODE O	d LC+367
	•	City/State and Zip Code	
	HONESSON E-mail address: (t	O/O/O/O/O/O/O/O/O/O/O/O/O/O/O/O/O/O/O/	
For further information co	oncerning this matter, please ca	H:	
Name of	Person	at ( <u>SCI</u> ) 1-14.2 Area Code Daytim	CC 35  Telephone Number
Enclosed is a check for th	e following amount:		
☑ \$25.00 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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION OF

1 CONSTRUCTION LL

(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 \_and assigned Florida document number L200002416780 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 r agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 comple provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing 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.

or removed Hom our records.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
AR	vanessa MMCra	12401 W OKEECHOBE rd	L □Add
		La 367 Hiarcun	□Remove
		garden TL 33018	_ 🗹 Change
MGR	Vanessam Mora	12401 WOKEECHUberd	_ ZAdd
		Lot 367 Highean	_ □Remov
		garden FL 33018	_ □Change
			_ 🗆 Add
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Filing Fee: \$25.00