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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TSW Constructions LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Todd Walker Name of Person	
Firm/Company	
6800 67 th St N	
Pinellas Park fl 33781 City/State and Zip Code ToddSkeen S 1026 E.g. mail. Com E-mail address: (to be used for future admual report notification)	
Tivold Skeen \$ 1026 Egmail. Com Firmail address: (to be used for future admust report notification)	
For further information concerning this matter, please call:	
Todd Walker at 727 768-3228 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
X \$25.00 Filing Fee	of Status & opy

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

	truction LLC	
(Name of the Limited (A	Liability Company as it now appears on our rec Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liab Florida document number <u>L2000 37</u>		and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
One Time Construction of the new name must be distinguishable and contain the work	tion LUC	
The new name must be distinguishable and contain the wor	Is "Limited Liability Company," the designation "L	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET	ADDRESS)	
		: 5
Enter new mailing address, if applicable:		20
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>
		3.00
B. If amending the registered agent and/or reg		ter the name of the new registered
agent and/or the new registered office address	aere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	dress
		Florida
	City	Zip Code
No	7 . A 3 A	

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 AMBR = Authorized Member

.

<u>Title</u>	Name	Address	Type of Action
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l'an effective <u>Note:</u> If th	date is listed, the date must date inserted in this bl effective date on the D	st be specific and lock does not m	cannot be prior to eet the applicab	date of filing or mo	(option than 90 days after requirements, this	filing.) Pursuant to 605.0	0207 d as
record sped is filed.	cifies a delayed effectiv	e date, but not a	an effective time	e, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after	the
Dated <u></u>	ipril 15	the .	2021	-			
	Toda	A 1 1	0 K				
-	- rough	Signature of a m	ember or authoriz	red representative	of a member		