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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
RAMPRO : SUBJECT:	CONSTRUCTION AND HDE	D, LLC		
NOBILET.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	_		
	M. BRANDON MEADOV	VS		
		Name of Person		
	MEADOWS & MEADOV	VS. PLLC		
	· =	Firm/Company		2
	825 REYNOLDS CREST			3368
		Address		- 5
	VESTAVIA, AL 35242			13
		City/State and Zip Code		<i>ن</i> غ ::
	BMEADOWS@MEADOW			<u>.</u>
		to be used for future annual report no	otification)	
For further information c	oncerning this matter, please c	all:		
BRANDON MEADOW	S	205 568-2345		
Name o	f Person	at () Area Code Dayt	ime Telephone Number	
Enclosed is a check for the	ne following amount:		•	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addres Registration S		Street Address: Registration S	Section	
Division of C	•	Division of C	-	
P.O. Box 632 Tallahassee. l		The Centre of 2415 N. Mon	Hallahassee roe Street Suite 81	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company for ida document number $\frac{1.21000162842}{1.000162842}$	were filed on <u>04/08/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
N/A		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Inter new principal offices address, if applicable:	9015 AMERICANA ROAD	<u> </u>
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	9015 AMERICANA ROAD SUITE I	25 Z
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		127
	SUITE I	. (2)
Principal office address MUST BE A STREET ADDRESS)	SUITE I	
	SUITE I VERO BEACH, FL 32966	2000

<u>red</u>

	City	Zip Code
	VERO BEACH	Florida 32966
New Registered Office Address:	9015 AMERICANA ROAD, S Enter F	TE 1 Florida street address
Name of New Registered Agent:	ROCHELLE M. ENGLERAR	1

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
N/A	N/A	N/A	□Add
			□Remove
			Change
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E If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records.	ive date, if other than the date of filing: [Coptional] Sective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listenent's effective date on the Department of State's records. In specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led. DECEMBER 1. 2022		
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Filing Fee: \$25.00