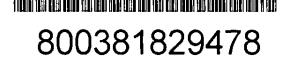
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PICK-UP WAIT	MAIL
(Business Entity Name)	
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Special Instructions to Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER MAR - 8 2022

## **COVER LETTER**

TO:	Registration Sec Division of Corp		•	
SUBJE	CCT:	OWE'S CONS Name of Limite	TRUCT 10 (V)	i'LC .
The end	closed Articles of A	amendment and fee(s) are subm	itted for filing.	
Please	return all correspon	dence concerning this matter to	the following:	
		DARRYI	T L OWE Name of Person	<del></del>
		Lowe's	CONSTRUCT Firm/Company	TION LLC
		909	PALAWAN Address	BD
			E FLOBIDA City/State and Zip Code	
		E-mail address: (to	be used for future annual report was	Damail.com
For fur	DARRYLIL	neerning this matter, please call	1: 450 - 518 	3-1575
	Name of	Person	Area Code Daytin	ae Telephone Number
Enclose	ed is a check for the	following amount:	,	
□ <b>\$</b> 2:	5.00 Fiting Fee	S30,00 Filing Fee & Certificate of Status	Si \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

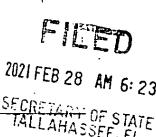
Mailing Address:

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



(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 5-5-2021 and assigned Florida document number \_\_\_\_\_2\_10002\_09376 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 "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 registered agent and/or the new registered office address here: Name of New Registered Agent: 909 Palawan RS

Enter Floridu street address

Tallahassee , Florida 32305

City Zip Code New Registered Office 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 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
AMBR	DARRIGHTLOW	909 Palawan Rd	<b>Z</b> /Add
		Talahasore, FL 3230	5_ □Remove
			□Change
MGR	DARRYLTLOWS	909 Palaman Rd	<b>Z</b> Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
	<del></del>		🗆 Add
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<u>iote:</u> l	ve date, if other than the date of filing:
record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated _	Jan. 18, 2019
	The state of a free party of the state of th
	Signature of a member or anthorized representative of a member

Filing Fee: \$25.00