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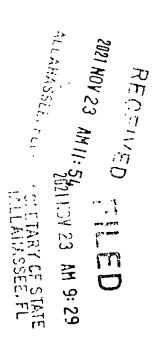
(Requestor's Name)
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## **COVER LETTER**

TO: Registration Section

Division of Corp			
ABDJ Cons SUBJECT:	truction Services, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles at	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Bryan S Bennett		
		Name of Person	
	ABDJ Construction Service	es. LLC	
	-	Firm/Company	
	5900 NW 9th Avenue		
		Address	
	Miami, FL 33127		
		City/State and Zip Code	
	BBennett@SSCAFINC.com	n to be used for future annual report not	iffication)
For further information c	oncerning this matter, please c		
Bryan Bennett		561 386-7166 at ()	
Name o	f Person	at () Area Code Daytin	me 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	-
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABDJ Construction Services, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record Liability Company)	<u>rds.)</u>
The Articles of Organization for this Limited Liability Compar	ny were filed on November 5, 20	21 and assigned
Florida document number L21000480627		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LL	C" 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)		
<del></del> -		
B. If amending the registered agent and/or registered offic	e address on our records, <u>ente</u>	r the name of the new regist
agent and/or the new registered office address here:		Sco E I
		Els &
Name of New Registered Agent:		77 79
New Registered Office Address:		m ·
new Registered Office Address.	Enter Florida street addr	ess
	. 1	
	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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, 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
P	Dwight Patterson	5900 NW 9th Avenue	
		Miami, FL 33127	□Remove
		<del></del>	[ ]Remove
			□ Add
			□Remove
			Remove
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			Change
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	A A TABLE		(optional)
m effective date is listed, the	than the date of filing:  e date must be specific and cannot be prior in this block does not meet the applica on the Department of State's records.	to date of filing or more than 9 able statutory filing require	0 days after filing.) Pursuant to 605,020
ecord specifies a delaye is filed.	d effective date, but not an effective tin	me, at 12:01 a.m. on the ea	rlier of: (b) The 90th day after the
November 23	2021	·	

Typed or printed name of signee