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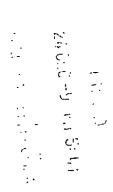
(Requestor's Name)
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## **COVER LETTER**

TO:		gistration Sec ision of Corp			
C110 112	er.	Redline Con	nstruction Solutions LLC		
SUBJE	C1:		Name of Lim	ited Liability Company	
The enc	losec	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	etum	all correspor	ndence concerning this matter	to the following:	
			Colton DiFrancesco		
			•	Name of Person	
				Firm/Company	
			5785 Hickory Drive		
			Fort Pierce, Fl. 34982	Address	
			<del></del>	City/State and Zip Code	- <del></del>
			colton.difran@icloud.com	,	
			E-mail address: (	to be used for future annual report notif	ication)
For furt	her i	nformation ec	oncerning this matter, please c	all:	
	Ço	Iton (	);Francesco	ar(772) 626	- 7313
		Name of		Area Code Daytime	: Telephone Number
Enclose	ed is a	a check for th	ne following amount:		
<b>■</b> \$25	5,00-1	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		iling Address		Street Address:	tion
		gistration S vision of C	orporations	Registration Sec Division of Cor	
		D. Box 632		The Centre of T	
		Hahassee, F		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 (A Florida Limited Liability Com	appears on our records.) Dany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number $\frac{1.22000067900}{1.0000000000000000000000000000000000$	on 02/09/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
Priority One Construction LLC	2
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:	i i
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
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 agent and/or the new registered office address here:	our records, <u>enter the name of the new regi</u>
Name of New Registered Agent:	
New Registered Office Address:	27
Ent	er Florida street address
	Florida
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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

	Authorized Member	4.11	me e e
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
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Effective date, if other than the If an effective date is listed, the date many Note: If the date inserted in this bedocument's effective date on the I	ist be specific and cannot be polock does not meet the ap	plicable statutory filing	(optional) ore than 90 days after filing g requirements, this date	.) Pursuant to 605,0207
e record specifies a delayed effecti rd is filed.	ve date, but not an effection	ve time, at 12:01 a.m. c	on the earlier of: (b) Ti	ne 90th day after the
Dated November 26	2024			
Dated	///			
Dated		authorized representative		