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## COVER LETTER .

| Division of Cor                 |   |   |  |
|---------------------------------|---|---|--|
| SUBJECT. KIND                   | Construction L                                  |   |  |
| SUBJECT: THUCK                  | Construction LL Name of Lim                     | ited Liability Company  |  |
|                                 |   |   |  |
| The england Articles of         | A   | mitted for Clina  |  |
| The enclosed Afficies of        | Amendment and fee(s) are sub                    | muted for filing.   |  |
| Please return all correspo      | ndence concerning this matter                   | to the following:   |  |
|                                 | Shown b   | iwlikowski  |  |
|                                 |   | Name of Person  |  |
|                                 |   |   |  |
|                                 |   | Firm/Company  |  |
|                                 | 208 S FILL                                      | a. A.z  |  |
|                                 | 208 S. Elli                                     | Address   |  |
|                                 | Contact Fi                                      | 32771   |  |
|                                 | Janua, C  | City/State and Zip Code   | <del></del>  |
|                                 | Shawn @ Kind                                    | City/State and Zip Code   |  |
|                                 | E-mail address: (                               | to be used for future annual report not                             | fication)  |
| For further information of      | oncerning this matter, please ca                | all;  |  |
| Shown ku                        |   | 40 414  | のえるか   |
| Name o                          | Eleman Eleman                                   | at (407) 474<br>Area Code Daytim                                    | te Telephone Number  |
| Watte O                         | reison  | Area Code Dayun   | ie reiephone Number  |
| Enclosed is a check for the     | e following amount:                             |   |  |
|                                 | _   | Control T. A.   | □ 040 00 mm  |
| \$25.00 Filing Fee              | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                                 |   |   |  |
| Mailing Addres                  |   | Street Address:   | .•   |
| Registration S<br>Division of C |   | Registration Se<br>Division of Cor                                  |  |
| P.O. Box 632                    |   | The Centre of T   | •  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Kind Constructi  |                 |                                |                       |                                       |             |
|--|-----------------|--------------------------------|-----------------------|---------------------------------------|-------------|
| (Name of the Limited Lie<br>(A Flo   | orida Limited L | iability Company)              | ur recoras.)          |                                       |             |
| The Articles of Organization for this Limited Liabilit   | ty Company      | were filed on 7118             | 3 12022               | and ass                               | igned       |
| This amendment is submitted to amend the following   | 3:              |                                |                       |                                       |             |
| A. If amending name, enter the new name of the   | limited liabi   | lity company here:             |                       | 2073 0                                | )<br>)      |
| The new name must be distinguishable and contain the words "   | Limited Liabili | ty Company," the designat      | ion "LLC" or the      | abbreviation "L                       | E.C."       |
| Enter new principal offices address, if applicable:  |                 | 208 S. Ellic                   | + Ave                 |                                       | )<br>       |
| Principal office address MUST BE A STREET AD   | DRESS)          | Sanford, FL                    | 32771                 | · · · · · · · · · · · · · · · · · · · | مَدَّدَ     |
|  |                 |                                |                       |                                       | <del></del> |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)              | <u>1</u>        | 208 S. Elliot<br>Sanford, FL 3 | Ave<br>12771          |                                       |             |
| B. If amending the registered agent and/or registengent and/or the new registered office address her | ered office a   | ddress on our record           | s, <u>enter the n</u> | ame of the new                        | register    |
| Name of New Registered Agent:  | Shaw            | Pawlikowski<br>Elliot Ave      |                       |                                       |             |
| New Registered Office Address:   | 308 l           |                                |                       |                                       |             |
|  | Santord         | Enter Florida stre             |                       | 0000                                  |             |
| <del></del>  | Jantons         | Citv                           | , Florida             | 32775 Zip Code                        | <del></del> |
|  |                 | City                           | •                     | гір Спае                              |             |

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> | Name              | Address             | Type of Action |
|--------------|-------------------|---------------------|----------------|
| MGR          | Brandon Dieroling | 3226 Clemusod Drice | □ Add          |
|              | ·                 | Orlando, FL 32803   | Remove         |
|              |                   |                     | Change         |
| MGR          | Shawn Pawlikowski | 208 S. Elliot Ave   | MAdd           |
|              |                   | Sconford, FL 32771  | Remove         |
|              |                   |                     | ☐ Change       |
|              |                   |                     | □Add           |
|              |                   |                     | □Remove        |
|              |                   |                     | Change         |
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| ffective<br>an effect           | e date, if other<br>ive date is listed, th   | t <b>han the date</b><br>to date must be sp | of filing:<br>ecific and |                          |               |                | han 90 da         | (option<br>ys after fil               | al)<br>ing.) Pursu | ant to 605.020°  |
| ote: If                         | the date inserted<br>t's effective date      | in this block d                             | oes not me               | ect the appli            | cable statuto | ory filing re  | qui <b>re</b> mer | its, this d                           | ate will no        | ot be listed as  |
|                                 |  |   |                          |                          | •             |                |                   |                                       |                    |                  |
|                                 | pecifies a delaye                            | d effective date                            | , but not a              | ın effective (           | ime, at 12:0  | l a.m. on ti   | ne carlier        | r of: (b)                             | The 90th           | day after the    |
| record s                        |  |   |                          |                          |               |                |                   |                                       |                    |                  |
|                                 | •  |   |                          |                          |               |                |                   |                                       |                    |                  |
| l is fil <del>e</del> d         |  | 14  |                          | ეგევ                     |               |                |                   |                                       |                    |                  |
| l is fil <del>e</del> d         | June   | 14  | ,                        | 5053                     |               |                |                   |                                       |                    |                  |
| l is filed                      |  | 1   | ,<br>Q                   | 2                        | _·            |                |                   |                                       |                    |                  |
| record s<br>d is filed<br>eated |  | Signz                                       |                          | 2023  ember or authoring | orized repres | sentative of a | member            |                                       |                    |                  |

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