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COVER LETTER

| TO | Registration Section Division of Corporations | • | . : | <i>:</i> | ; | <i>t</i> . | • |
|--------|--|--|---|---------------------|--|-------------|---|
| SUBJ | ECT: See S | Control Limited Liability Con | apany 3 | L.L.C | | | |
| The er | nclosed Articles of Amendment and fee(s) are | submitted for filing | | | | | |
| Please | return all correspondence concerning this man | | | | | | |
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| | XX1 Scc 1 E-mail addre | 4 | 4 | | | | |
| For fu | urther information concerning this matter, pleas | se call: | | | | | |
| _1 | Ather Jones Mame of Person | at (<u>35</u> Area | (Z) 874 Code Daytin | 567 ne Telephone | Number | | |
| Enclo | sed is a check for the following amount: | | | | | | |
| Øs. | 25.00 Filing Fee San San Status Certificate of Status | • | - | C | 00.00 Filing Certificate of Certified Cop additional copy | Status & | |
| | Mailing Address: Registration Section Division of Corporations | | Street Address: Registration S Division of Co | | | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

| Joe S Cont | tracting L.L.C |
|--|---|
| (Name of the Limited Liability Com (A Florida Limited | pany as it now appears on our records.) d Liability Company) |
| The Articles of Organization for this Limited Liability Compar Florida document number <u>L2200401085</u> . | by were filed on $9-14-7022$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lia L - D - L - | |
| 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) | 2023 IAY -8 P |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | e address on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | |

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 |
|--------------|----------------|-------------------------|----------------|
| MGR | Kellie Foreman | 15411 Winter Breeze ane | |
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Filing Fee: \$25.00