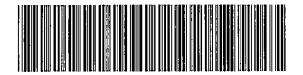
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Levis Construction Group L.L.C  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Matthew Lais Name of Person
Lewis Construction Growp Firm/Company
100 Autumn Springs Ct W Address
Jack Sonville, FL 32225  City/State and Zip Code
matthewtm850) unail.com
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Name of Person at (904) 335-3270 The Name of Person at (904) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee \$\square\$ Certificate of Status \$\square\$ Certificate of Status \$\square\$ (additional copy is enclosed) \$\square\$ \$60.00 Filing Fee, \$\square\$ Certificate of Status \$\square\$ Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallabaccaa El 32314

## Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on		and assigned
Florida document number	·	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	202
(Principal office address MUST BE A STREE	T ADDRESS)	20.23 Hi
		→ · · · · · · · · · · · · · · · · · · ·
		-1 <b>2</b> 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE A	BOX)	12: 2 STAIL
		. I 9
B. If amending the registered agent and/or reagent and/or the new registered office addres	s here:	
Name of New Registered Agent:	Matthew Lev	115
New Registered Office Address:	100 Awtunn Spring Enter Florida street of	S C+ W
	Jackson ville	, Florida <u>32225</u> 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, 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
		-	□Add
			□Remove
			□Change
			□Remove
			Change
			Add  Remove  22
			Ghange : 1
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated March 17th . 202 Signature of a member or authorized representative of a member

Filing Fee: \$25.00