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DIRECTOR CORATIONS

COVER LETTER

TO: Registration S Division of Co		,	
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SUBJECT: OCOM	In ale Construc	7:00 Company	
	Name of Lim	ided Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kyle Hodg	es .	
	-11/	Name of Person	
		Firm/Company	
		tlandrd.	
	<u> </u>	Address	
	Havana	City/State and Zip Code Construction [[6] to be used for future annual report not	
		City/State and Zip Code	76() II
	<u>Seminoly</u> E-mail address: (to be used for future annual report not	Marky (Com
For further information of	concerning this matter, please co		
To the terms of th	the mater, prease ea		
		at ()	
Name (of Person	at () Area Code Daytin	ic Telephone Number
Enclosed is a check for t	he following amount:		
⊈ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)
Mailing Addres		Street Address:	
Registration .		Registration Se	
Division of C P.O. Box 631	•	Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Seminole Construction	on Company LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I,	ny as it now appears on our records. Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23008 2 15464</u> .	were filed on <u>5-03-20</u>	023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
		3
Enter new mailing address, if applicable:		# 28
(Mailing address MAY BE A POST OFFICE BOX)		
		ST &
		6
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida Zin Code
	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. Thereby 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
AMBR	Eric C. Callaghad	1237 Kris Kev Auc FL 32304	ZAdd
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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an effective date 'ote: If the date	if other than is listed, the date e inserted in thi ctive date on th	must be specific s block does r	and cannot be and the	e prior to date applicable st		e than 90 day.			
record specifies is filed.	s a delayed effe	ctive date, but	лот an effec	ctive time, at	12:01 a.m. or	the earlier	of: (b) The	90th day after	the
ated <u></u>	28-20	723	·						
	,		2						
		Signature	भ a member o	or authorized r	epresentative o	f a member			
			_						