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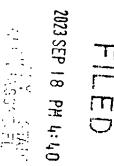
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COVER LETTER

TO:				.•	٠,,
	. ü				
SUBJ		LLC			
		Name of Limi	ited Liability Company		
Division of Corporations S.C. Wells LLC Name of Limited Liability Company					
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Spencer Wells			
			Name of Person		
			Firm/Company		
		1701 South Flagler Drive			
			Address	<u> </u>	
		West Palm Beach, FL 3340)1		
			City/State and Zip Code		·
		•			
		E-mail address: (to be used for future annual report	notification)	
For fu	irther information c	concerning this matter, please ea	all:		
Spend	cer Wells		= : ::	2	
	Name o	of Person	Area Code Da	ytime Telepho	ne Number
Enclos	sed is a check for t	he following amount:			
		\$30.00 Filing Fee &	Certified Copy		Certificate of Status &
Registration Section			_		
				-	
	1 .Q. DUA UJ4	<u>.</u> ,	THE COMMO		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION

OF

S.C. Wells LLC			
(Name of the Limited Liability Comp. (A Florida Limited	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 9/12/2023	and assigned	
lorida document number 1.23000425354			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liab	oility company here:		
S.C. Wells Construction LLC			
he new name must be distinguishable and contain the words "Limited Liab	lity 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)			
		202	
		יר אָא	
Enter new mailing address, if applicable:	1701 South Flagler Drive	- 0	
Mailing address MAY BE A POST OFFICE BOX)	West Palm Beach, FL 33401	ο I	
maining waters may be a foot of the body			
3. If amending the registered agent and/or registered office	address on our records, enter th	ne name of the new registe	
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flor	ridaZip 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, 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			□Remove
			☐ Change
		<u> </u>	⊐Remove
			Change
			□Remove
			□Change
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			□Add
			i ∩Change

If amending any other informat				
				
				
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	ock does not meet the applic	able statutory filing requi	(optional) 90 days after filing.) Pursuant rements, this date will not b	to 605,0207 (oc listed as t
e record specifies a delayed effective ed is filed.	e date, but not an effective ti	ime, at 12:01 a.m. on the c	earlier of: (b) The 90th da	y after the
September 14	2023			
	Signature of a member or auth	orized representative of a me		
Spencer Wells	-	-		
·	Typed or print	ed name of signee		

•

Filing Fee: \$25.00