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COVER LETTER

TO: Registration Section
Division of Corporations

BJD Const	ruction Management, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Blaze Dorchincez		
		Name of Person	
	BJD Construction Manage	ement, LLC	
		Firm/Company	
	15480 Sonoma Dr. Apt 20	8	
		Address	· · · · · · · · · · · · · · · · · · ·
	Fort Myers/ Florida 33908	3	
		City/State and Zip Code	
	Blaze@BJDConstruction.co		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	
Blaze Dorchincez		618 663-1258	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	■ \$30,00 Filing Fee & 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 Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 17	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BJD Construction Management, L			
(Name of the Lim	ited Liability Company a (A Florida Limited Liab	is it now appears on our ility Company)	records.)
The Articles of Organization for this Limited L. Florida document number 1.24000008896		re filed on $\frac{01/03/24}{}$	and assigned
his amendment is submitted to amend the fol			
A. If amending name, enter the new name of	of the limited liability	y company here:	
he new name must be distinguishable and contain the	words "Limited Liability (Company," the designation	n "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if appli	cable: _		
Principal office address MUST BE A STREI	ET ADDRESS)		
	_		<u> </u>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	- : BOX)	-	
3. If amending the registered agent and/or gent and/or the new registered office addre	~	ress on our records,	enter the name of the new registe
Name of New Registered Agent:	Blaze Dorchincez		-
New Registered Office Address:	15480 Sonoma Dr.	Apt 208	
		Enter Florida street	t address
	Fort Myers		, Florida <u>33908</u>
		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>	Address	Type of Action
AMBR	B) Dorchincel		□Add
		2324 Crytal Dr. For FL 33908	1 Mc Remove
			Change
			□Remove
			□Remove
			□Change
			□ Петюче
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

		
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(If an effection Note: If	e date, if other than the date of filing:	
he record s ord is filed	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	he
Dated	June 31 . 2024.	
	June 31 . 2024. Signature of a fnember or authorized representative of a member	
	Blaze Dorchincez Typed or printed name of signee	