Fax: 8134365206



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	!		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MANPOWER SOUTH LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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Corporate Filing Menu

Help

K. SALY MAY 1 0 2024

If Changing Registered Agent, Signature of New Registered Agent

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED
2024 MAY -9 PM 2: 27
TALLAHASSEE FLORIDA

MANPOWER SOUTH LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on 04/24/24	and assigned
Florida document number L24000193558		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
MANPOWER DEMOLITION LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designati	on "LLC" or the abbreviation "L.L.C."
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)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
		, Florida Zip Code
Non-Doubletoned 4	•	Zip Code
New Registered Agent's Signature, if changing Registered Age	_	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance of my du is provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is

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To: 18506176383

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Fax: 8134365206

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

Title	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
			□Remove Change Change
			JAdd 6
			litemoye
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			□Add
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record sp is filed.	occifies a delayed eff	ective date, bu	t not an effect	ive time, at 12	:01 a.m. on the	earlier of: (b)	The 90th day a	fter the
ated Ma	y 9th	R	<u>2024</u>	1				
		Signature	of a member or	authorized rep	- 1 resentative of a me	mher		