N19000006196

Jan bailey- Smith (Requestor's Name)
7288 Balboa Dr (Address)
(Address)
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(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	CONSTRUCTION CENTER LLC TO THE TOTAL TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO
N19000006196 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
JAN BAILEY-SMITH	
	(Name of Contact Person)
THE FAMILY RECONSTRUCTION CENTER	
	(Firm/ Company)
7288 BALBOA DRIVE	
	(Address)
ORLANDO FL 32818	
_	(City/ State and Zip Code)
SMITH.BAILEY.J@GMAIL.COM	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, pleas	e call:
JAN BAILEY-SMITH	407-704-4749 at
(Name of Contact Perso	
Enclosed is a check for the following amount made J	payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2021 FEB 22 AH 10: 02

(Name of Corporation as currently filed with the Florida Dept. of State) THE FAMILY RECONSTRUCTION CENTER LLC (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: THE FAMILY RECONSTRUCTION CENTER name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Tan Balley-Smith (Florida street address) New Registered Office Address: . Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

	
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The date of each amendment(s) adoption: SEDTUAN 9 2021 i	f other than the
date this document was signed.	. Saidi man th
The date of each amendment(s) adoption: Schotuary 9 2021, idate this document was signed. Effective date if applicable: Strong disactory	
Effective date if applicable: SINITE OF STOLE	
(no more than 90 days after amendment file date)	

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.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

. Dated	FEBRUARY 9, 2021
	() A- 1)
Signature	2 au 12. ISouth
-	(By the chairman or vice chairman of the board, president or other officer-if director
	have not been selected, by an incorporator - if in the hands of a receiver, trustee, or
	other court appointed fiduciary by that fiduciary)
	JAN BAILEY-SMITH
	(Typed or printed name of person signing)

(Title of person signing)

2091 FEB 22 AM IO: 02 SECRETARY OF STATE TALLAHASSEE, FL