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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SUBJECT: KD	B (ONSTILLUTION ON Name of Lim	* PEMODEUNA, LLO ited Liability Company	<u>. </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	KYLE D	Name of Person	
	MANAGIER, KO	3 Constitution & CEN Firm/Company	LODELINH, LLC
	12320 170	TH RUAD NIGHTH Address	
		City/State and Zip Code	
		AL CONSULTING OF to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca		
KYLE DBU Name o	RUS f Person	at (<u>561</u>) <u>718 -</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	ction
Division of C P.O. Box 632	-	Division of Cor The Centre of T	
1 .O. DUX 032	• 1	THE CERTIE OF I	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KDB Construction (Name of the Limited)				ALLAHASKE	2022 JUL 1 1
The Articles of Organization for this Limited Liab Florida document number <u>L130015</u> This amendment is submitted to amend the follow	oility Company w	vere filed on <u>Nove</u>	uber 7, Zci	3_ and assigned	
Florida document number <u>L1300015</u>	<u> 56943</u>			LORIS (_ :v
This amendment is submitted to amend the follow	ring:			D ~))
A. If amending name, enter the new name of the	he limited liabil	ity company here:			
KB COASTM CONSCITING The new name must be distinguishable and contain the work	a, LLC				
The new name must be distinguishable and contain the won	ds "Limited Liabilit	y Company," the designate	tion "LLC" or the abl	breviation "L.L.C."	
Enter new principal offices address, if applicab	le:	12320 179	OTH ROAD	North	
Principal office address MUST BE A STREET ADDRESS)		JUPITER, i	FL 33478	Š	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	12320 170 JUPITER, F			
B. If amending the registered agent and/or reg agent and/or the new registered office address		ldress on our record	s, enter the name	e of the new regi	istered
Name of New Registered Agent:	KYLE	D. BURLY			
New Registered Office Address:	12320 1	70TH ROAD Enter Florida str			
	<u>JUPITE</u>	n	, Florida	33478	
		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
<u>mur</u>	KYLÉ D. BURL	12320 170TH ROAD NORTH	M Add
		JUPITER, FL 33478	□Remove
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	KYLE D. S	250 G			<u> </u>