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COVER LETTER

TO: Registration S Division of Co			۵۰
SUBJECT, CHRISTO	OPHER M. EGOLF CONSTRUC	TION LLC	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subt	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	Christopher M. Egolf		
		Name of Person	
	CHRISTOPHER M. EGOL	F CONSTRUCTION LLC	
		Firm/Company	
	4425 Galway Dr.		
		Address	
	Sarasota, Fl. 34232		
		City/State and Zip Code	
	cegolf@outdrs.net E-mail address: (i	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	alt:	
Christopher Egolf		at (941) 350-6584 Area Code Daytime	
·	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the 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 Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHRISTOPHER M. EGOLF CONSTRUCTION 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 Company were filed on $\frac{12/01/2003}{}$ and assigned Florida document number L03000048642 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CHRISTOPHER M. EGOLF CONSTRUCTION CONSULTING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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 uddress MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida ___ City

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 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>	Name	Address	Type of Action
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			□Add
			Remove
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Effective date, if other (If an effective date is listed, the Note: If the date inserted document's effective date.)	I in this block does r	not meet the applic	able statutory fili	more than 90 days aff ng requirements, t	tionary ter filing.) Pursuant to his date will not be	605.0207 (3 listed as the
ne record specifies a delay ord is filed.	ed effective date. but	t not an effective ti	ime, at 12:01 a.m	on the earlier of:	(b) The 90th day a	ifter the
Dated 11/01		. 2023	<u> </u>			
	ristopher W Signature	1. Golf of a member or auth	orized representativ	ve of a member		-
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Christopher N	4. Egolf		ed name of signee	_		_

Filing Fee: \$25.00