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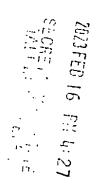
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CG CONSTRUCTION Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TANNER DAVIS  Name of Person
1CG ICON CONSTRUCTION
1605 BAY RD #302
M. BEACH. FL. 33139 City/State and Zip Code
City/State and Zip Code  TANTERO CONCERNATION  E-mail address: (to be used for future annual E-port notification)
For further information concerning this matter, please call:
Name of Person  Area Code  Daytime Telephone Number  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status 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

G ICON CONSTRUCTION

( <u>Name of the Limited Liability Co</u> (A Florida Limi	nipany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L 12000   5146</u> (	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2023 TEB 16 SECNE 1
B. If amending the registered agent and/or registered offi 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:    605	BAY ROAD # 302  Enter Florida street address  AM, BEACH, Florida 35   39  Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:

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
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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing or mo te: If the date inserted in this block does not meet the applicable statutory filing nument's effective date on the Department of State's records.	(optiona re than 90 days after fili requirements, this da	ng.) Pursuant to	605.0 listed
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or stilled.	n the earlier of: (b)	The 90th day a	after t
ed 9/26/2022			
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