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To:

Division of Corporations

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Account Name : API PROCESSING Account Number : I20110000069 Phone : (954)567-0013 Fax Number : (954)567-3401

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kathy@apiprocessing.com Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN-

KING CONSTRUCTION, RENOVATION AND BUILDING, LLC3

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		PRUCTION, RENOVATION AND BUIL	•	
-	(Name of the Lin	nited Liability Company as it now anocars (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization	n for this Limited	Liability Company were filed on	10/04/2013	and assigned
Florida document number	L13000140278	·		
This amendment is submitte	d to amend the fo	ollowing:		
A. If amending name, ente	er the new name	of the limited liability company her	<u>e</u> :	
he new name must be distinguish	nable and contain the	words "Limited Liability Company," the des	ilgnation "LLC" or the a	bbreviation "L.L.C."
inter new principal offices	address, if appl	icable:		
Principal office address M	UST BE A STRE	ET ADDRESS)		
Cuter new mailing address	it applicable:			
Mailing address MAY BE.		F ROX		·
maing dairess MAX DE ?	47037 0117201	E BOX)		20
				···· <u>23</u>
. If amending the register	red agent and/or	registered office address on our rec	ords, enter the nar	1
gent and/or the new regist			, , , , , , , , , , , , , , , , , , , ,	1
				<u> </u>
Name of New Regi	stored Agent:	RONALD SORIANO		=======================================
New Registered Of	fice Addrass:	2811 CLEVELAND AVENUE	-	
		Enter Floride	s street address	
		FORT MYERS	, Florida	33901
		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 dutles, 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.

Rad Commercial State of New Registered Agent Signature of New Registered Agent

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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	Name	Address	Type of Action
MGR RICHARD CHILDRESS	5667 WINKLER ROAD		
	FORT MYERS, FL 33919	≣Remove	
MGR RONALD SORIANO	2811 CLEVELAND AVENUE	bbAC_	
	FORT MYERS, FL 33901	□Remeve	
		■ Change	
		∃Add	
			□ Remove
		□Add	
	<u> </u>	[]Remova	
		□Change	
	-	□Add	
		©Romove	
	· · · · · · · · · · · · · · · · · · ·	☐ Change	
		□Add	
			⊒Remove
			□Change

H aine	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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Note:	re date, if other than the date of filing:
record d is file	specifies a delayed effective date, but not an effective time, at 12:61 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	Sep 3, 2023
	Rad Roberts
	Signature of a member or authorized representative of a member
	RONALD SORIANO
	Typed or printed name of signee

Filing Fee: \$25.00