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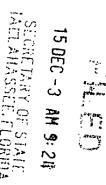
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Empire Construction Group, LLC 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:
Philip Thompson Name of Person
Empire Construction Group Firm/Company
2247 River Ridge Dr. Address
Deland, FL 32726 City/State and Zip Code
Bids @ Empire CG. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Philip Thompson at 386, 748-5658 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Empire Cor	= 1 1	4 CCC
(<u>Name of the Limited L</u> (A F	iability Company as it now appears lorida Limited Liability Company)	<u>bn our records.</u>)
The Articles of Organization for this Limited Liabil Florida document number <u>L15000188</u>	ity Company were filed on <u></u> 249	- 05 - 15 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company her	<u>re</u> :
The new name must be distinguishable and end with the word	s "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	Zg
(Principal office address MUST BE A STREET A	DDRESS)	<u> </u>
		CONTRACTOR
		OPP CO PROPERTY
Enter new mailing address, if applicable:		79 3 m
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	ORDE STATE
		> = = = = = = = = = = = = = = = = = = =
B. If amending the registered agent and/or registered agent and/or the new registered office	address here:	
Name of New Registered Agent:	Philip The	ompson
New Registered Office Address:	2247 River	ompson Ridge Rd.
	Deland	
_	City	Florida 32720 Zip Code
New Registered Agent's Signature, if changing Regis	stered 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u> **Name Address Type of Action** Sharon J. Barnes 2247 River Rigge Rd Deland, Fr 32720 Remove MGR MGR Eva C. Grafft 356 Sunshino Dr. DAdd
St. Augustine, FL 32086 Remove □ Add ☐ Remove ☐ Add ☐ Remove □ Add ☐ Remove ☐ Add ☐ Remove

f amei	,
	amend. Rejistered Agent Email to -
_	amend Rejistered Agent Email to - Bids @ Empire CG. Com
	•
_	
ine enec	ve date, if other than the date of filing:
(The effect	rave date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date	this document is filed by the Florida Department of State) De Cember 2015
the date	this document is filed by the Florida Department of State) December 2015 Signature of a member or authorized representative of a member
the date	this document is filed by the Florida Department of State) De Cember 2015

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
VELAHASSEE, FLORIO