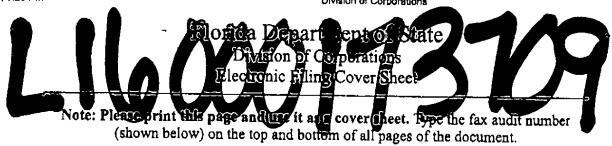
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : I20210000155 Phone : (305)226-8727

Fax Number : (305)226-8767

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

\mathbf{OF}
E. Remies LLL
(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 9-16-2016 and assigned Fiorida document number 16-16-000 1737.09
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
E.M.E. Building Contractor LLC
The new name must be distinguishable and contain the words "Limited Liability 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)
Knter now mailing address is an are
Enter new mailing address, if applicable:
(Mailing address 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 barry.
agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address 2
, Florida
City Zin 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.

Zip Code

If amending Authorized Person(s) authorized to manage or removed from our records:	, enter the title, name, and address of each person being added
MGR = Manager AMBR = Authorized Member	,

Title	<u>Name</u>	Address	Type of Action
-			□Add
			□Remove
			□Change
			DAdd
			DRemove
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			□Remove
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			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ffective	e date, if other than the date of filing: May 9, 3033 (antional)
ote: If	ive date is listed, the date must be specific and cannot be prior to filter of filling or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cannot be determined by the date on the Department of State's records.
	's effective date on the Department of State's records.
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	~ ^
ated	5-9-23,
	Signature of a member of with
	Signature of a member or authorized representative of a member