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COVER LETTER

TO:	Registration Se Division of Cor			
01:11 1	Kagan Con	struction, LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	oclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	endence concerning this matter	to the following:	
		Elizabeth P. Kagan		
		Kagan Law Firm, PL	Name of Person	
	Firm/Company 8191 College Parkway, Suite 303			
		Fort Myers, FL 33919	Address	
		Liz@kagan-law.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca	all:	
Elizab	eth P. Kagan		239 466-1161 at ()	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 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:

TO:

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

Kagan Construction, LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our r a Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C	*	and assigned
lorida document number L17000188158	<u>_</u> .	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lim	ited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	حر "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDI	RESS)	స్తు
		.)
		ڊ ې
inter new mailing address, if applicable:		. 03
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office add		cords, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	idaress
	City	_, Florida Zw Code
	CIN.	zip Coae

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 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>	<u>Address</u>	Type of Action
MGR	Jose Luis Espinosa	16160 Forest Oaks Dr. Fort Myers, FL	■ Add
			□ Remove
		······	Change
MGR	Celestino Gil Espinosa	11860 Sw 185 St. Miami, FL	
			□ Remove
			☐ Change
			し Add
			Remove
		 	Change
			Remove
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			Change

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12/5/2018 fective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be pric	or to date of filing or more than 90 days after filing.) Pursuant to 605.021 icable statutory filing requirements, this date will not be listed a
e record specifies a delayed effective date, but n The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier o
December 5 2018	<u>.</u>
	horized representative of a member
Signature of a member or aut	horized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00