L18000 236478

| (Requestor's Name) | _ |
|---|---|
| (Address) | _ |
| (Address) | _ |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | _ |
| (Document Number) | _ |
| Certified Copies Certificates of Status | |
| Consideration of the Constant | 7 |
| Special Instructions to Filing Officer: | |
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| TO: Registration Se Division of Cor | ction porations | • | |
|--|--|--|--|
| | ruction Services LLC | | |
| SUBJECT: | Name of Limi | ted Liability Company | · . |
| | | , 1 t | ; |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filings | |
| | ondence concerning this matter | • | |
| 1 jease return un correspo | * * | . | |
| - - | Kevin Scott | | |
| | | Name of Person | |
| | KSG Construction Service | s I I C | |
| | K3G Constitution Service | Firm/Company | |
| | | типосотрану | |
| | 2421 S Myrtle ave | | |
| | | Address | |
| | Sanford Fl 32771 | | |
| | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| | ksg_construction@yahoo.co | | |
| | E-mail address: (| to be used for future annual report r | notification) |
| For further information of | concerning this matter, please c | all: | |
| Kevin Scott | | 407 448-6970 | |
| Name o | of Person | at () Area Code Day | time Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| | | □ \$55.00 Filing Fee & | ☐ \$60.00 Filing Fee, |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclose |
| | | 0 | |
| Mailing Addre Registration | | Street Address Registration | |
| Division of C | Corporations | Division of C | Corporations |
| P.O. Box 632 | 27 | The Centre of | f Tallahassee |

Tallahassee, FL 32314

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Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

JUL 1 V ZÛZV

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| KSG Construction Services LLC | | SEP |
|--|--|----------------------------|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appears on our records.) imited Liability Company) | |
| The Articles of Organization for this Limited Liability Con | mpany were filed on 7/9/2020 | and arrigned |
| Florida document number 1.18000236478 | | Sign of the second |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limite | ed 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 ADDRE | <u> </u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | • |
| | <u> </u> | |
| | cr III | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, enter the | name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid | |
| | 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 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 |
|--------------|-----------------|---------------------------------------|----------------|
| ABR | Chris Schaeffer | 2421 S Myrtle ave Sanford Fl 32771 | □Add |
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| Note: If the document's | date, if other than the date of filing: [17/8/2020] [27/8/2020] [38/2020] [49 date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) are date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records. |
| | reifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated july | 08 |
| | 2020 |
| | |
| | |
| _ | |
| _ | Signature of a member or authorized representative of a member Signature of a member Signature of a member |