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en John J. K. Hist

COVER LETTER

TO:

Registration Section

Divi	ision of Cor	porations		
	Estates Gen	eral Contracting LLC		
SUBJECT:		Name of Limi	ted Liability Company	ر.
The enclosed	Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Grant Brosseau		
		Estates General Contracting	Name of Person	
		1020 19th St. S.W	Firm/Company	
		Naples, Florida 34117	Address	·
		info@estatesls.com	City/State and Zip Code	
For further in	iformation c	E-mail address: (concerning this matter, please ca	o be used for future annual report not	fication)
Grant Brosse			239 253-6141 at ()	
	Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Estates General Contracting LLC (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 _03/14/2019 Florida document number $\underline{\frac{1.19000072407}{}}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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 here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
AMBR	Grant Brosseau	1020 19th St. S.W	
		Naples, Florida 34117	
		isapies, riolida 54117	□ Remove
			P.O.
	John W. Slaugh	1520 16th Ave. S.W	
MGR	John W. Sladga	1920 IOHI (W.C. 3.W	B Add
		Naples, Florida 34117	
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June 1, 2019 tive date, if other than the date of filing: (optional) filective date is fisted, the date mass be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed. June 12 2019 M. A. W.	Please update our Federal ID	lumber 83-4087077			
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X Brossen			; an effective time, a	t 12:01 a.m. on the ear	lier of
Signature of a member or authorized representative of a member	June 12	. 2019	_··		
Signature of a member or authorized representative of a member	Ж	Runner 1			
		ignature of a member or autho	rized representative of a mer	nber	
Grant Brosseau					

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Filing Fee: \$25.00