L19000261779

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COVER LETTER

TO: Reg	rision of Cor	porations				
eub ipær.		struction Group, LLC.	;			
SUBJECT:	;	Name of Lim	ited Liability Company			
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please returi	i all correspo	ndence concerning this matter	to the following:			
		Heidi A Bates				
			Name of Person			
C.P.R. Construction Group, LLC.						
	1		Firm/Company			
		3625 17th St				
		Vero Beach, FL 32960				
	City/State and Zip Code					
	•	heidibates00@gmail.com	to be used for future annual report no	riGagrion)		
Dan Ermilanni	C			meanin)		
		oncerning this matter, please ca				
Heidi A. Bates			772 633-0736 at ()			
	Name o	f Person	Area Code Daytii	ne Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.00	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)		
	iling Addres		Street Address: Registration So	ection		
Di	vision of C	orporations	Division of Co	Division of Corporations		
P.0	D. Box 632	.7	The Centre of Tallahassee			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C.P.R. Construction Group		
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on October 17, 2019	and assigned
lorida document number L19000261779		
This amendment is submitted to amend the following:		
A. If amending hame, enter the new name of the limi	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
,		
		2
Enter new mailing address, if applicable:		<u>. </u>
Mailing address MAY BE A POST OFFICE BOX)		
		·
(
B. If amending the registered agent and/or registered	d office address on our records, enter the	name of the new registe
agent and/or the new registered office address here:		
Name of Name Projectored Agents		
Name of New Registered Agent:		
New Registered Office Address:	Form Classide and Advance	
	Enter Florida street address	
	Florid:	aZip Code
	City	гир Соае

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 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	Ernest Todd Walls	1946 15th Ave. Vero Beach, FL 32960	■Add
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ective date, if other tha	on the data of filis	ng:		(optional)	•
ective date, if other that n effective date is listed, the d te: If the date inserted in cument's effective date on	ate must be specific ar this block does not	nd cannot be prior to do meet the applicable	ate of filing or more that statutory filing requ	n 90 days after filing.) Pr irements, this date wi	ursuant to 605.02 Il not be listed
cord specifies a delayed e s filed.	effective date, but no	ot an effective time.	at 12:01 a.m. on the	eartier of: (b) The 9	0th day after t
June 30 , ted		2024			
4/1-1	1. A R.				
0 4 21 710		1/U-			

Filing Fee: \$25.00