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(Re	equestor's Name)	
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## **COVER LETTER**

Tallahassee, FL 32314

	gistration Se vision of Cor			
eun irzyr.		TRUCTION, LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del>-</del>
The enclose	d Articles of	Amendment and fec(s) are sub	omitted for filing.	
		ndence concerning this matter		
		JUDY SAINT-PERE		
			Name of Person	
		KSP CONSTRUCTION, I	LLC	
		- <u></u>	Firm/Company	<del></del>
		5788 ENTERPRISE PARI	KWAY	
		Address		
		FORT MYERS, FL 33905		
			City/State and Zip Code	<del></del>
		ESTIMATE@KSPCONST		
n 6 a .			to be used for future annual report noti	ncation)
For further i	information ce	oncerning this matter, please c	an:	
JUDY SAII	NT-PERE		239 277-7000 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	e 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)
	niling Addres		Street Address: Registration Se	ction
	gistration S vision of C	orporations	Division of Cor	
	O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1.5 11. 31. 1:49

If Changing Registered Agent, Signature of New Registered Agent

KSP CONSTRUCTION, 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 JULY 20, 2020	and assigned
Florida document number L20000211126		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ddress on our records, <u>enter the na</u>	me of the new registered
New Registered Office Address.	Enter Florida street address	
	, Florida _	
·	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I an rovided for in Chapter 605, F.S. O	ı familiar with and r, if this document is

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>	. 45   11, 7,11149 <u>Address</u>	Type of Action
TRES	CHARLES THOMAS YELTON	5788 ENTERPRISE PARKWAY	🖺 Add
		FORT MYERS, FL 33905	□Remove
			□ Change
			□Add
			□Remove
			□Add
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fecti or	ve date, if other than the date of filing:(optional) etive 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
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cum	ent's effective date on the Department of State's records.
ecore	I specifies 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 fil	
ited _	Suntember 7 2020
neu .	2 (1)
	of alla Alla
×	Signature of a member programmer of a member
	JUDY SAINT-PERE

Filing Fee: \$25.00