To:



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Division of Corporations Fax Number : (850)617-6383 Account Name : API PROCESSING Account Number : 120110000069 Phone : (954)567-0013 Fax Number : (954)567-3401

Enter the email address for this business entity to be used for fututor. annual report mailings. Enter only one email address please.\*\*

Email Address: kathy@apiprocessing.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SEAGATE CAPITAL CONSTRUCTION, LLC

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## ARTICLES OF AMENDMENT TO \* ARTICLES OF ORGANIZATION

ARTICLES OF	ORGANIZATI OF	ION 3	SECRETARY TALLAHASSE	2001
Sengate Capital  (Name of the Limited Liability Com (A Florida Limite	Construction, LLC pany as it now appears d Liability Company)	on our reçords.)	ASSEE, I	יי א פאר יי ביי ביי ביי ביי ביי ביי ביי ביי ביי
The Articles of Organization for this Limited Liability Compared Florida document number 1.21000366782  This amendment is submitted to amend the following:	ny were filed on	August 16, 2021	— an 🕿 🛒 in or	#  -  -
A. If amending name, enter the new name of the limited lis	ability company here	<u>ē</u> :		
The new name must be distinguishable and contain the words "Limited Lie 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 offic agent and/or the new registered office address here:	e address on our rec	orus, <u>enter the name</u>	em the new reg	<u></u>
Name of New Registered Agent:				—
New Registered Office Address:	Enter Florid	lu street address		
<del>.</del>	City	, Florida	Zip Code	

## New Registered Agent's Signature, if changing Registered Agent:

10/05/2021 12:56

API Processina

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

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Page 3 of 4

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>	Name	Address	Type of Action
AMBR	Garrett J. Graue	5090 PGA Blvd., #304	
		Palm Beach Gardesn, FL 33418	[TRemove
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<u>/</u>	Signature of	Garrett J. Gmue			SECRETARY ALLAHASSEI
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