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COVER LETTER

STRUCTION LLC.		
Name of Lin	uted Liability Company	
Amendment and fee(s) are sub	omitted for filing.	
ondence concerning this matter	to the following:	
STEVE LECSAINT		
	Name of Person	
SPK CONSTRUCTION L	LC.	2
	Firm/Company	2023 NOV 29 SECRETARY TALLATA
620 S PARK RD APT 2-3	7	E N
	Address	
HOLLYWOOD FL 33021		79 PH 1
STEVELLECSAINT@GM/	City/State and Ztp Code AIL.COM	PH 2:17
E-mail address: (to be used for future annual report notificati	on)
oncerning this matter, please c	all:	
	305 915-8839	
f Person		ephone Number
ne following amount:		
☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Street Address: Registration Section	n
orporations	Division of Corpora	ations
	Amendment and fee(s) are substituted and fee(s)	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: STEVE LECSAINT Name of Person SPK CONSTRUCTION LLC. Firm/Company 620 S PARK RD APT 2-37 Address HOLLYWOOD FL 33021 City/State and Zip Code STEVE.LECSAINT@GMAIL.COM E-mail address: (to be used for future annual report notificate concerning this matter, please call: at (

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPK CONSTRUCTION LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/17/2021	and assigned
Florida document number L21000530601		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
FORGE CONSTRUCTION GROUP LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		023
	<u> </u>	LAR TO THE
		AH 29
Enter new mailing address, if applicable:		2 - 17 T
(Mailing address MAY BE A POST OFFICE BOX)		13 C) () (13)
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		- 1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Floric	
	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>	Name	Address	Type of Action
			OAdd
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			SEL Remove LL A H 1/3
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ote: If the date inserted in this block does not meet the applicable	date of filing or more e statutory filing re	than 90 days after filing.) equirements, this date w	rursuani to 605.0. vill not be listed
cument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not a	n effective tim	e at 12:01 a.m. o	n the earlier
The 90th day after the record is filed.	ar circuit c arr	o, oc 12.01 0 o	
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