Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803 Fax Number : (855)330-1010

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SITE 1 CONSTRUCTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Site 1 Construction LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Con Plorida document number L22000361273		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "E.L.C" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records. enter the n	ame of the new register
		202
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	. Florida	
	City	Zip Code`∵' €⊓
New Registered Agent's Signature, if changing Registered.	Agent:	0

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>	Address	Type of Action
AMBR	Howard King	7901 4th St N STE 300	X Add
		St. Petersburg, FL 33702	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		- Nillobo	□Add
			□Remove
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date, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) The 9	0th day after the
2023			
1-1/	ori and specialistics		
	be specific and cannot be prior to does not meet the applic to artiment of State's records date, but not an effective to	ck does not meet the applicable statutory filing repartment of State's records. date, but not an effective time, at 12:01 a.m. on	be specific and cannot be prior to date of filing or more than 90 days after filing.) Prock does not meet the applicable statutory filing requirements, this date wil

Typed or printed name of signee