## L23000093197

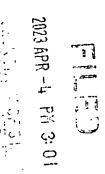
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Y. SCOTT MAY 2 0 2023

## COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
	DUP CONSTRUCTION LLC		·
SUBJECT:	Name of Lim	aited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DJEMCY LIMAGE		
		Name of Person	
	XPLO GROUP CONSTR	UCTION LLC	207
		Firm/Company	等 第 可
	11177 NW 21ST PLACE	•	1
		Address	ANS SEE
	CORAL SPRINGS, FL 33	071	2023 APR -4 PH 3: 0
	DJEMCYLIMAGE@GMA	City/State and Zip Code	PAGE 0
	E-mail address: (	to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	
DJEMCY LIMAGE		754 245-1066	
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ■ \$60.00 Filing Certificate of Certificate of Certificate of Certified Cot (additional copy)	of Status &
Mailing Address Registration	Section	Street Address: Registration Section	
Division of C		Division of Corporations	
P.O. Box 632	<i>L 1</i>	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XPLO GROUP CONSTRUCTION LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our rec liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number 1.23000092197	were filed on $\frac{01/21/2023}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
XPLO GROUP LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		72 73
(Principal office address MUST BE A STREET ADDRESS)		PR PR
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:	address on our records, <u>en</u>	
		. Flo <b>rida</b>
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept 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 provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is

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 = Ma $AMBR = Au$	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
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Effective date, if other than the date of filing:  (Optional)  If an effective 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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record 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 rd is filed.  Dated  Signature of a minimeter of specificative of a member					<u></u>				
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Filing Fee: \$25.00