Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| Doing so will generate another cover sheet.                               |    |

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*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 -4K CUSTOM CONSTRUCTION LLC

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

T. LELLEUX

AUG 10 2023

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

| 4K Custom Construction LLC  |  |
|---|--|
| (Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)  | on our records.)   |
| The Articles of Organization for this Limited Liability Company were filed on $\frac{07/2}{1}$ Florida document number $\frac{123000346170}{1}$ .   | 1/23 and assigned  |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liability company her  | <u>e</u> :   |
| The new name must be distinguishable and contain the words "Limited Liability Company," the des   | ignation "LLC" or the abbreviation "L.L.C."  |
| 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 office address on our recagent and/or the new registered office address here:  Name of New Registered Agent: | ords, enter the name of the new registere  |
| New Registered Office Address:  | * 1.55<br>- 1.55<br>*****  |
|   | a street address   |
|   | نـــــــــ, Florida  |
| Cuy   | Zip Code   |
| New Registered Agent's Signature, if changing Registered Agent:   | ဟ္   |
| I hereby accept the appointment as registered agent and agree to act in this co-<br>provisions of all statutes relative to the proper and complete performance of n<br>accept the obligations of my position as registered agent as provided for in Ch    | pacity. I further agree to comply with the<br>y duties, and I am familiar with and |

If Changing Registered Agent, Signature of New Registered Agent

8/9/2023 12:13 37 PDT

To: 18506176383

Page 3/4

From, Registered Agents Inc.

Fax: 81343

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         | Jerrad Sullivan | 7950 Adrian Way                         | <b>X</b> Add   |
|              |                 | Grant VIkria, FL 32909-6108             | □Remove        |
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To: 18506176383

From: Registered Agents Inc.

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| Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the | block does not meet the   | applicable statutor                   | (opting or more than 90 days after<br>by filing requirements, th | ional)<br>n filing.) Pursuant to 605,0207<br>is date will not be listed as t |
| e record specifies a defayed effect<br>rd is filed.   | ive date, but not an effe | ctive time, at 12:0                   | a.m. on the earlier of: (  | b) The 90th day after the  |
| Dated August 9th  | 2023                      |                                       |  |  |
|   |                           |                                       |  |  |
| 14 W. T.  | Smat                      | for the second                        |  |  |
| 15 W. W. T.   | Signature of a member of  | or authorized represo                 | intative of a member   |  |