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TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations KINGS GENERALCONTRACTOR LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **ESTHER MARRERO** Name of Person EGM BUSINESS AND HOME SOLUTIONS Firm/Company 4423 DEL PRADO BLVD S Address CAPE CORAL, FL 33904 City/State and Zip Code ESTHER@EGMBUSINESSSOLUTIONS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ESTHER MARRERO** 257-2332 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. ■ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KINGS GENERALCONTRACTOR LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A)	Florida Limited Liability Company)	 -
The Articles of Organization for this Limited Liabi Florida document number L23000460629		and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
KINGS GENERAL CONTRACTOR LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	207
		0 350 0 350
		<u> </u>
Enter new mailing address, if applicable:		7 gar.
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(Mailing address MAY BE A POST OFFICE BO	<u> </u>	72 5F
		
B. If amending the registered agent and/or registered and/or the new registered office address had a Name of New Registered Agent:	_	nter the name of the new registered
New Registered Office Address:		
	Enter Florida street (uddress
		, Florida
_	City	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the region.	and complete performance of my dutie red agent as provided for in Chapter (istered office address, I hereby confir	s, and I am familiar with and 605, 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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the date must be	e specific and cannot be pri	or to date of filing or more	(optional) than 90 days after filing.) I	Pursuant to 605.0207
ote: If the date inserted in this bloc ocument's effective date on the Department.			equirements, this date w	ill not be listed as
ecord specifies a delayed effective of is filed.	late, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
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