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COVER LETTER

TO: Registration S Division of Co	rporations		
ABEL-GO	CG LLC	₹ ³ . 6	ŧ
	Name of Lit	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are suf-	bmitted for filing.	
Picase return all corresp	ondence concerning this matter	to the following:	
	Shawn Spalding		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Stoll Keenon Ogden PLL	C	
		Firm:Company	
	400 West Market Street, S	Suite 2700	
		Address	
	Louisville, KY 40202		
	shawn.spalding@skofirm.c	City/State and Zip Code	
	_	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Jeff Nuttall		502 451-2235	
Name o	l'Person	at () Area Code Daytim	e Felephone Number
Enclosed is a check for t	ie following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ABEL-GCG 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 Liability Company w	ere filed on	March 6, 2025	and assigned
Florida document number 1.25000112043			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company	here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," il	ne designation "LLC" o	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 addagent and/or the new registered office address here:	dress on ou	r records, <u>enter th</u>	ie name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Liner 1	lorida street address	
		Flori	ida
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ad company has been notified in writing of this change.	rformance wided for in	of my duties, and i Chapter 605, F.,	Lam familiar with and 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>	Name	Address	Type of Action
MGR	Abel Construction Company, Inc.	2401 Stonley Gault Parkway	= Add
		Louisville, KY 40223	⊏Remove
			Change
President	Lerin N. Byrd	6819 Porto Fino Circle, Suite I	■Add
		Fort Myers, FL 33912	TRemove
			Change
Vice Pres	Teely R. Byrd	6819 Porto Fino Circle, Suite 1	■Add
		Fort Myers, FL 33912	□Remove
			UChange
			□Add
			□Remove
			GChange
			□Add
			□Remove
			□Change
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ective date, if other than th	e date of filing:				(optional)	
effective date is listed, the date m te: If the date inserted in this l	ust be specific and ca	nnorbe prior t	r date of filing or	rmore than 90 day	s after filing.) is, this date v	Pursuant to 605.0207 All not be listed as
nument's effective date on the	Department of Stat	e's records.				
cord specifies a delayed effect s filed.	ve date, but not an	effective tin	ie, at 12:01 a.n	n, on the earlier	of: (b) The	90th day after the
May 5 ed	· .	2025	_ •			
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Filing Fee: \$25.00