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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : LICENSES ETC INC Account Number : 120070000159 Phone : (239)777-1028 Fax Number : (877)275-3593

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

Email Address: SUPPORT@LICENSESETC.COM

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): Registration S		<i>:</i>	No.
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: CAPITAL BJECT:	EMPIRE CONSTRUCTION O	GROUP, LLC ,	
		uted Liability Company	
e enclosed Articles of	`Amendment and fee(s) are sub	omitted for tiling.	
ase return all correspond	ondence concerning this matter	to the following:	
	LISA ADAMS		
		Name of Person	
	LICENSES, ETC., INC.		
		Firm Company	
	27911 CROWN LAKE BI	LVD. SUITE #211	
		Address	
	BONITA SPRINGS, FL 3	4135	
		City/State and Zip Code	
	SUPPORT@LICENSESET	TC.COM to be used for future annual	report natifications
further information of	concerning this matter, please c		,
SA ADAMS		239 77	7-1028
Name (of Person	Area Code	Daytime Telephone Number
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P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(((H23000026083 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPITAL EMPIRE CONSTRUCTION GROUP.	LLC
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(Name of the United Liability Compa- (A Florida Limited U	ny a <u>s it now appears on our ro</u> inbility Company)	eçords.)	
Articles of Organization for this Limited Liability Company ida document number $\underline{\frac{M22000014020}{}}$.	were filed on 09/08/2022		and assigned
amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liabi	lity company here:		
new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation '	T.L.C" or the abb	reviation "L.L.C."
er new principal offices address, if applicable:			
ncipal office address MUST BE A STREET ADDRESS)			
er new mailing address, if applicable:			
iling address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or registered office a nt and/or the new registered office address here:	ddress on our records, <u>er</u>	nter the name	of the new register
Name of New Registered Agent:			23
New Registered Office Address:	Enter Florida street ac	I In	<u> </u>
			N
	Cuv	. Florida	ယ r̄ Zpr <u>@</u> de □
Registered Agent's Signature, if changing Registered Agent:	V ·V		-K
		<u>무</u> ,	
reby accept the appointment as registered agent and agre- visions of all statutes relative to the proper and complete opt the obligations of my position as registered agent as p ug filed to merely reflect a change in the registered office pamy has been notified in writing of this change.	performance of my dutie. rovided for in Chapter 6	s, and Lam fo 05. F.S. Or, i	uniliar with and f this document is
If Chan	ging Registered Agent, <u>Signat</u>	ure of New Regi	stered Agent

(((H23000026083 3))) amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added removed from our records:

GR = Manager

ABR = Authorized Member

<u>tle</u>	Name	Address	Type of Action
GR ———	RANDALL MEADE	2317 TRITON TER	□ Add
		PUNTA GORĐA, FL 33983	≣Remove
			□ Change
			□ Add
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cord specifies a delayed effective d s filed	ate, but not an effective tim	e, at 12.01 a.m. on the	earlier of (b). The 90th o	day after the
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