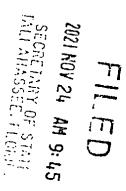
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(F	Requestor's Name)
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Certified Copies	Certificates of Status
Special Instructions to 3.	o Filing Officer: HORNE
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## COVER LETTER

TO: Registration Section

Div	ision of Cor	porations		•
aun in an		L MATTOS CONSTRUCTION	VLLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		RAFAELA NUNES VIEI	RA - OWNER	
			Name of Person	<u></u>
		PRIME INCOME TAX A	ND ACCOUNTING LLC	
		***************************************	Firm/Company	Erson  ING LLC  pany  S  Zip Code  Te annual report notification)  409-3106  Daytime Telephone Number  Ling Fee & S60.00 Filing Fee, Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations The Centre of Tallahassee
		23269 STATE ROAD 7 SI	Name of Limited Liability Company  fec(s) are submitted for filing.  Ing this matter to the following:  NUNES VIEIRA - OWNER  Name of Person  OME TAX AND ACCOUNTING LLC  Firm/Company  TE ROAD 7 SUITE 119  Address  ON - FLORIDA - 33428  City/State and Zip Code  METAX1@GMAIL.COM  -mail address: (to be used for future annual report notification)  atter, please call:  at (	
			Address	
		BOCA RATON - FLORID	Part of Limited Liability Company  ent and fee(s) are submitted for filing.  concerning this matter to the following:  NELA NUNES VIEIRA - OWNER  Name of Person  IE INCOME TAX AND ACCOUNTING LLC  Firm/Company  Part of Person  A RATON - FLORIDA - 33428  City/State and Zip Code  EINCOMETAXI@GMAIL.COM  E-mail address: (to be used for future annual report notification)  g this matter, please call:  at (561 / Area Code Daytime Telephone Number)  ing amount:  0.00 Filing Fee & Certified Copy (additional copy is enclosed)  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee	
		PRIMEINCOMETAXI@GMAIL.COM		
		<del>-</del>		
Roe forthar i	nformation c			i nonneation)
		oncerning this matter, prease e		
RAFAELA	NUNES		at ()	
	Name o	f Person	Area Code Da	sytime Telephone Number
Enclosed is	a check for tl	ne following amount:		
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Re	uiling Addres		Registration	Section
P.0	O. Box 632	27	The Centre	of Tallahassec
Та	llahassee, l	FL 32314	2415 N. Mo	onroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

**BOTTER & MATTOS CONSTRUCTION LLC** 

2021 NOV 24 AM 9: 45

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

SECRETARY OF STATE TALLAHASSEE, FLORE

The Articles of Organization for this Limited Liability Company Florida document number L17000044275	y were filed on 02/24/2017	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the al	obreviation "L.L.C."	
Enter new principal offices address, if applicable:	1250 S MILITARY TRAIL APT 1621		
(Principal office address MUST BE A STREET ADDRESS)	DEERFIELD BEACH - FLORIDA - 33	442	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nan	ne of the new registere	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida	Zip Code	
	~	•	

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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	KARINI MESQUITA MATTOS	1560 SW 66TH AVE	
_		BOCA RATON - FLORIDA - 33428	■Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			□ Change
			□ Remove
			Change
<del>_</del>			□Add
			□Remove

\_\_\_\_ □Change

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