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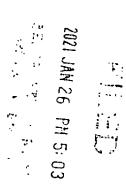
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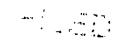
COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Solect Equipment Pumping (CC) 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:
Anthony James
Solect Equipment Pumping, Luc Firm/Company
12566 Cynthia CN Address
City/State and Zip Code Anthony (a) Cuxar Homes. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (354) 536-0993 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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



Select Equipm	vend Pumping, ccc ability Company as it now appears on our r orida Limited Liability Company)	. 2021 JAN 26 PH 5: 03
(Name of the Limited Li (A FI	ability Company as it now appears on our r orida Limited Liability Company)	ecords:)
The Articles of Organization for this Limited Liabili	_ 1	3418018 and assigned
Florida document number <u>C) 86.6613</u>	7998	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
LUXAR Construct The new name must be distinguishable and contain the words	NOO, LCC Limited Liability Company," the designation	"L1.C" or the abbreviation "L.1C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET AL	DDRESS)	
	 	· · · · · · · · · · · · · · · · · · ·
_		
Enter new mailing address, if applicable:	***************************************	
(Mailing address MAY BE A POST OFFICE BOX	2	
		
3. If amending the registered agent and/or regist gent and/or the new registered office address he		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	address
_	Chin.	, Florida
	City	г.ір Соле

Registered Agent's Signature, if changing Registered Agent:

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

or removed from our records:

	BR = Authorized Member		1904		
<u>Title</u>	<u>Name</u>	Address	2021 JAN 26 PM 5: 03	Type of Action	
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ffective date, if other than the date of fil an effective date is listed, the date must be specific a lote: If the date inserted in this block does no ocument's effective date on the Department of	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 of meet the applicable statutory filing requirements, this date will not be listed as th
record specifies a delayed effective date, but r l is filed.	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated <u>61 21 21</u>	<del></del> ·_ <del></del> ·
Signature of	a member or authorized representative of a member
Laura Ya	