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(Ad	ddress)	-
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LICRIDA L.

OCT 15 2020 D CCANELL

COVER LETTER

TO: Registration Section Division of Corporations	
DODLY	11/
SUBJECT: Name of Li	imited Liability Company
The enclosed Articles of Amendment and fee(s) are st	abmitted for tiling.
Please return all correspondence concerning this matter	er to the following:
Dilmar Dilmar 5002 Miami dilmar	Pamirez Name of Person Pamirey Prm/Company NN 5H St Address FL 33124 City/State and Zip Code S - CORD Q Y aboo. Com
	: (to be used for future annual report notification)
For further information concerning this matter, please	call:
Dilmar Pamirez	at (766 466 – 5369 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certified to Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<u>- C</u>			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	Liability Company)	on our records.)		
		18-21-20		. ,
The Articles of Organization for this Limited Liability Compan	y were filed on <u>a</u>		and a	ssigned
Florida document number <u>L 2000) 200 21</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company her	<u>e</u> :		
NO NAME CHANGE				
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the des	ignation "LLC" or the abl	reviation "	L.L.C."
Enter new principal offices address, if applicable:			-	
(Principal office address MUST BE A STREET ADDRESS)	 			
				I D
		ربيع أسنه	2028	
Enter new mailing address, if applicable:		<u> </u>	_ <u>S</u>	77
(Mailing address MAY BE A POST OFFICE BOX)			_₩ _₩	,
		<u> </u>	<u> </u>	
		-, -, -, -, -, -, -, -, -, -, -, -, -, -, -,	Ū	
B. If amending the registered agent and/or registered office	e address on our rec	ords, <u>enter the fjam</u> i		ew registered
agent and/or the new registered office address here:		्रिक्त अर	<u>.</u>	
N ON DESCRIPTION			_	
Name of New Registered Agent:	•			
New Registered Office Address:	F . Pl . :	la street address		
	emer raoria	a sireet aaaress		
	City	, Florida	Zip Cod	
N. B. C. Lin and C. L. C. Brain and A. C.	•		z.p Con	•
New Registered Agent's Signature, if changing Registered Agen				
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of n s provided for in Ch	ny duties, and I am fo apter 605, F.S. Or, a	imiliar w if this do	rith and cument 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
MER	Dilmar Ramire	27 5002 NW 5th St	DFAdd
		Miami, FL 33126	
		706-406-5309.	□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	-NO Name Change
	-add manager to LLC
	y
_	-Same agent.
_	
_	- LLC Since opening no manager
<u>\</u>	Nas added due to website error.
	- LLC is construction company.
_	THE TO CONSTRUCTION OF PORTY.
_	
_	-ONLY agent name was snown.
_	
	-Kindly add manager.
_	J
_	
_	
_	
E. Effecti	ve date, if other than the date of filing:(optional) cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docume	ent's effective date on the Department of State's records.
If the record	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
record is file	
Dated _	<u> </u>
	Tilmar Damies
	Signature of a member or authorized representative of a member
	Dilmar Pamirez
	Typed or printed name of signee

Filing Fee: \$25.00