## L2600028231

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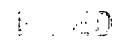
## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Al Consolidated Construction Services Lic 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:
Edward Bolden Name of Person
Al Consolinated Construction Services Li
275 Crussway Rd
TOUDNASIE F/ 32305  City/State and Zip Code  Flabusiness MAN 3 Q aut, Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Educal Balan at (850) 339 4292  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

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

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



A1 CONSOLIDATED CONSTRUCTION SERVICES LLC

2022 JUN 15 AH 10: 02

( <u>Name of the Limited</u> (/	X Florida Limited Li	y as it now appears on our reability Company)	Scords.) Sign	
The Articles of Organization for this Limited Lia Florida document numberL21000028231	bility Company v	vere filed on 01/12/2021	and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the new name must be distinguishable and contain the work.	Char.	Ed Ed	Bolden's Electry	
		275 CROSSWAY RD	TLEC or the appreviation "L.L.C."	
Enter new principal offices address, if applical		TALLAHASSEE FL 3230		
(Principal office address MUST BE A STREET	<u>ADDKESS)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			
B. If amending the registered agent and/or regagent and/or the new registered office address  Name of New Registered Agent:			iter the name of the new register	
New Registered Office Address:	275 CROSSWA	r RD		
<u> </u>	Enter Florida street address			
	TALLAHASSEI		, Florida <sup>32305</sup>	
N. B. Garaga and S. Garaga and		City	Zip Code	
New Registered Agent's Signature, if changing Re				
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registateing filed to merely reflect a change in the recompany has been notified in writing of this change in the change in writing of this change in the chang	and complete pered agent as pr gistered office a	erformance of my dutie, ovided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is	
	If Chang	ing Dagistarud Creat Signat	tra of Van Dagistarad Agast	

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	Bessie Chauers-1	Idden 211 Brass Dr TANAMASSE F1 32305	[ <b>]</b>
			□Remove
			□Change
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Note:	ve date, if other than the date of filing: 66/15/2022 (optional) ective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he recor	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 ed.
Dated	Coll5  2022  Collis Bollow  Signature of a member or authorized representative of a member
	Edwal Boller
	Signature of a member or authorized representative of a member  Edura (Dadela)  Typed or printed name of signee

Filing Fee: \$25.00