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COVER LETTER

	on Section f Corporations				
SUBJECT:	EAK		oction LC ited Liability Company	· · ·	
The enclosed Articl	es of Amendment	and fee(s) are sub	mitted for filing.		
Please return all cor			-		
		Mo	Name of Person		
			Firm/Company		
	25	22 Sw.	ut Viburnum Address	Way.	
		Oco	ce F] 34761		1VISION (22 SEP
	-		City/State and Zip Code		7 13
For further information	tion concerning th		to be used for future annual report noti all:	fication)	22 SEP 13 PH 5: 1
М	aura D	ias	_{at (} 407) 722 2	412	- 19 -
Š	ame of Person		Area Code Daytin	le Telephone Number	
Enclosed is a check	for the following	amount:			
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<u>Mailing A</u> Registrat	ddress: ion Section		<u>Street Address:</u> Registration Se	etion	
Division	of Corporation	S	Division of Cor	porations	
P.O. Box	: 6327 see, FL 32314		The Centre of 7	Fallahassee e Street, Suite 810	
t attanass	see. r t. 52514 -		Z415 N. Monro	e street, suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Lial	Construction UC pility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L220000 2505</u> .	• •	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD)	2522 Sweet V	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2522 Sweet Vi Way Ococe F	burnum L 34761.
B. If amending the registered agent and/or registe agent and/or the new registered office address here		e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	1 438 25 1 22 SEP 1
	Florida	Zip Cade 👺
New Registeron Agent's Signature, if changing Registe	red Agent:	2. W. S.

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 nevely 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>	<u>Name</u>	Address	Type of Action
AMBR	Edger Eligio Vela Hernandez	2522 Sweet Vilburnon Way. Ococe 71 39761	<u>∩</u> × Add
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ctive date, if other tha effective date is listed, the da e: If the date inserted in ament's effective date on	ate must be specific a this block does not	nd cannot be prior to a meet the applicable			filing.) Pursuant to	
ord specifies a delayed e filed	ffective date, but n	ot an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day	after th
d <u>Septembe</u>	(07	2022				
	h A	My J a member or authoriz	ed representative o	a member		_
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