L23000489448

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TAX ZONE INC.
Account Number : I20190000044
Phone : (407)888-3131
Fax Number : (888)453-0509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
O & M CONSTRUCTION GROUP LLC

Certificate of Status	0
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: O & M CONSTRUCTION GROUP LLC
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:

ED KOTLER
Name of Person

TAX ZONE INC
Firm/Company

8865 COMMODITY CIR STE 4
Address

ORLANDO, FL 32819
City/State and Zip Code

ACCOUNTANT@TAXZONEFL.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

ED KOTLER at (407) 888-3131
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ $25.00 Filing Fee
- ☐ $30.00 Filing Fee & Certificate of Status
- ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $60.00 Filing Fee, Certificate of Status & 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

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

The Articles of Organization for this Limited Liability Company were filed on 10/23/2023 and assigned Florida document number L23000484448.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

_____
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

14686 HUNTCLIFF PARK WAY
ORLANDO, FL 32824

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

14686 HUNTCLIFF PARK WAY
ORLANDO, FL 32824

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: ORLANDO SUAREZ RAMIREZ

New Registered Office Address: 14686 HUNTCLIFF PARK WAY
Enter Florida street address

ORLANDO, Florida 32824
City *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 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

Title	Name	Address	Type of Action
AMBR	RAMIREZ SUAREZ, ORLANDO	12414 BALERIA COVE # 102	☐ Add
		ORLANDO, FL 32837	☒ Remove
			☐ Change
AMBR	ORLANDO SUAREZ RAMIREZ	14686 HUNTCLIFF PARK WAY	☒ Add
		ORLANDO, FL 32824	☐ Remove
			☐ Change
AMBR	FRANQUI, MILAGROS	14686 HUNTCLIFF PARK WAY	☐ Add
		ORLANDO, FL 32824	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 document's effective date on the Department of State's records.

If the record 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 filed.

Dated November 1, 2023

Signature of a member or authorized representative of a member

Orlando Suarez

Typed or printed name of signee