L21000219611

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(Re	equestor's Name)	
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(Bu	isiness Entity Nan	ne)
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CHD IE		Američa Cor	nstruction Trim Carpentry LL	С	•	
SUBJEC	υ1; <u> </u>		Name of Lim	ited Liability Company		
The encl	losed 2	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	eturn a	ll correspon	dence concerning this matter	to the following:		
			Michel Acosta Martinez			
			***	Name of Person		<u>.</u>
			America Construction Trui	a repentry LLC		
				Firm/Company		
			1021 SE 8th Ter			
				Address		
			Cape Coral, FL 33990			
				City/State and Zip Code		
			santaclara1978@gmail.com			
			E-mail address: (to be used for future annual	report notification)	<u> </u>
For furth	ier int	ormation co	neerning this matter, please ea	ıll:		
Michel /	Acosta	ı Martinez			2 4148	
		Name of	Person	at () Area Code	Daytime Teleph	none Number
Enclosed	disac	sheck for the	e following amount:			
≅ \$ 25.	.00 Fii	ling Fee	S30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee of Certified Copy		S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
		ing Address		Street A		
	_	stration Session of Co	ection orporations	-	ation Section n of Corporati	ons
		Box 6327	•		ntre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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America Construction Trim Carper		
(Name of the Limi	ited Liability Company as it now appears or (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited L Florida document number L21000219611	Liability Company were filed on May 1	1, 2021 and assigned
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	
(Principal office address MUST BE A STREE	E <u>T ADDRESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		rds, enter the name of the new registered
Name of New Registered Agent:	Michel Acosta Martinez	
New Registered Office Address:	Enter Florida	street address
	City	, Florida 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. <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = N	lanager authorized Member		
Title	Name	Address 21 JUN -7 PH 12: 13	Type of Action
			□Add
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change

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effective date is listed, te: If the date inserte	r than the date of filings the date must be specific and o ed in this block does not mo to on the Department of Sta	cannot be prior to date o eet the applicable sta	f filing or more than tutory filing requir	(optional) 90 days after filing.) ements, this date v	Pursuant to 605.02 vill not be listed
cord specifies a delay s filed.	ved effective date, but not a	an effective time, at 1	2:01 a.m. on the e	arlier of: (b) The	90th day after th
ed					
	/B\ /				
	Marta		presentative of a me		

Filing Fee: \$25.00