## L20000065659

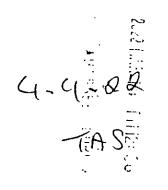
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## **COVER LETTER**

	Registration Sec Division of Corp			
	S&A CARC	io llc		
SUBJEC	.1:	Name of Limi	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Alan Martinez		
			Name of Person	
		Simplex Group Inc		
			Firm/Company	
		NW 52ND ST, Suite 100		
			Address	
		MIAMI FL 33166		
		sacargo@yahoo.com	City/State and Zip Code	
		_ +	to be used for future annual report notif	fication)
For furth	er information c	oncerning this matter, please ca	aH:	
Sulcimy	s Garcia		786 3799926	
	Name of	f Person	Area Code Daytimo	e Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>■ \$25</b> .	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S&A CARGO LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L20000068689</u>	on 03/02/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
Building Visions Construction LLC	
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)	
	2 +
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	2
<del></del>	<u> </u>
B. If amending the registered agent and/or registered office address on	
agent and/or the new registered office address here:	75
Name of New Registered Agent:	
New Registered Office Address:	
	ter Florida street address
	, Florida
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

<u>Title</u>	Name	<u>Address</u>	Type of Action
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Change □ Add;
			☐ Permove
			□ Remove
			Remove
•			Change
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			□Remove
			□Change
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			□Remove
			□Change

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Signature of a member or authorized representative of a member	ated	March 7th			
Signature of a member of authorized representative of a member			- Livid AV	ul)	
	_	Signat	ure of a member of authorized rep	presentative of a member	

Filing Fee: \$25.00