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COVER LETTER

TO: Registration Section

Division of Co	rporations			
	A CONSTRUCTION SERVIC	ES LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	DARIO BARBOZA BEL	TRAN		
		Name of Person	*	
	BARBOZA CONSTRUC	TION SERVICES LLC		
		Firm/Company		
	1464 ARDMORE ROAD			
		Address		
	GROVELAND, FLORID	A 34736		
		City/State and Zip Code		
	barbozaconstructionservice	s@gmail.com to be used for future annual report no	N. Goutan)	
For further information a	concerning this matter, please c	·	чиськоп)	
	_ ,			
DARIO BARBOZA BELTRAN		352 536-0571 at ()		
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	he 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 9		Street Address: Registration S	ection	
Division of Corporations P.O. Box 6327		Division of Co	Division of Corporations The Centre of Tallahassee	
Tallahassee, l			Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARBOZA CONSTRUCTION SERVICES LLC

20245 11-7 /11 7:14

(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 $\frac{09/01/2020}{1}$ ____ and assigned Florida document number 1.20000271714 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address _, Florida ___

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>	<u>Name</u>	Address	Type of Action
MGR	BARBOSA, DARIO	1464 ARDMORE ROAD	≘ ∧dd
		GROVELAND, FLORIDA 34736	□Remove
			□ Change
			□Add
			□Remove
			□Change
		-	□Add
			□Remove
			□ Change
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Page 2 of 3

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