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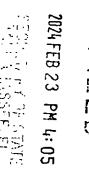
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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Law Office of

ROBERT J. STANZ, P.A.

5121 South Lakeland Dr., Suite 1.* Lakeland, FL 33813 *

Telephone: (863) 777-9828 Facsimile: (863) 777-9834

Email: rjstanz@stanzlaw.com

VIA REGULAR U.S. MAIL (FIRST CLASS)

February 20, 2024

Registration Section Division of Corporations P.O. Box 6327 Tallahassee FL 32314

Re:

Articles of Amendment

TAPIA CONSTRUCTION, LLC

To Whom It May Concern:

Enclosed is the Division of Corporations form "COVER LETTER", the **original** Articles of Amendment for TAPIA CONSTRUCTION, LLC. and my firm's check (#24870) in the amount of \$25.00 payable the Department of State.

If you have any questions or comments, do not hesitate to call my office. My email address is rjstanz@stanzlaw.com and thank you in advance for your prompt attention to this matter.

Sincerely,

Robert J. Stanz, Esq.

cc: client

Encls.

COVER LETTER

| | egistration Sivision of Co. | | | | |
|--|-----------------------------|--|--|---|--|
| orth in on | таріа СС | ONSTRUCTION, LLC | | | |
| SUBJECT | : | Name of Lin | nited Liability Company | | |
| The enclose | ed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please retu | rn all correspo | ondence concerning this matter | to the following: | | |
| | | Robert J. Stanz | | | |
| | | + - · · · · · · · · · · · · · · · · · · | Name of Person | **** | |
| | | ROBERT J. STANZ, P.A. | | | |
| | | | Firm/Company | | |
| | | 5121 S. LAKELAND DR. | , SUITE 1 | | |
| | | | Address | | |
| | LAKELAND, FL 33813 | | | | |
| | | | City/State and Zip Code | | |
| | | RJSTANZ@STANZLAW. | | <u>.</u> | |
| | | | to be used for future annual report no | otification) | |
| For further | information c | oncerning this matter, please c | all: | | |
| Robert J. S | tanz | | 863 777-9828 at () | | |
| | Name o | f Person | Area Code Dayti | ime Telephone Number | |
| Enclosed is | a check for th | ne following amount: | | | |
| ≣ \$25.00 | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ S55,00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | ailing Addres | | Street Address: | | |
| Registration Section | | | - | Registration Section | |
| Division of Corporations P.O. Box 6327 | | | Division of Corporations The Centre of Tallahassee | | |
| | llahassee, I | | | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TAPIA CONSTRUCTION, LLC | | |
|--|---|------------------------------|
| (Name of the Limited Liabili (A Florida | ty Company as it now appears on our records Limited Liability Company) | <u>.</u>) |
| The Articles of Organization for this Limited Liability C | ompany were filed on 12/12/2003 | and assigned |
| Florida document number L03000052524 | <u>_</u> . | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ted liability company here: | |
| The new name must be distinguishable and contain the words "Limi | ited 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 ADDR | ESS _I | |
| | | · 23 |
| | | 724 |
| Enter new mailing address, if applicable: | | E |
| (Mailing address MAY BE A POST OFFICE BOX) | | 23 1 |
| | <u> </u> | y.c. g m |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, enter t | he name of the ew registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Flor | rida |
| | City | 7in 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 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 | Miguel A. Ibarra | 639 Mid Florida Dr., 1 | DAdd |
| | | Lakeland, FL 33813 | ■Remove |
| | | | □Change |
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| Note: | ive date, if other than the date of filing: |
| e recoi rd is fi | d 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 led. |
| Dated | february 20 . 2024. |
| | Carquelice & John Signature of a member or authorized representative of a member |
| | '// |

Typed or printed name of signee