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	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Coursess Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
	···-
Special Instructions to	Filing Officer:
	J. HORNE
	AUG 2 1 2023
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Office Use Only



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2023 AUG 21 PM 3: 51

RECEIVED

COVER LETTER

·TO: Registration S Division of Co			·
	Construction, LLC		
SUBJECT:	Name of Lim	ited Liability Company	•
The enclosed Articles of	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Emmanuel Reynolds		
		Name of Person	
	Contech Construction, LL	С	
	 	Firm/Company	
	610 E. Zack ST, STE #110)-3046	
		Address	·
	Tampa, Fl. 33602		
	 	City/State and Zip Code	
	emmanuelreynolds@gmail.		
For further information	concerning this matter, please or	to be used for future annual report notifi	cation)
Emmanuel Reynolds	occording the manner produce	727 4047401	
	of Person	at ()	Telephone Number
ivaire	or reison	Area Code Daytine	receptione (value)
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 Addre Registration		Street Address: Registration Section of Corrections	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 -1

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF ARTICLES OF ARTICLES OF ORGANIZATION OF ARTICLES OF AMENDMENT **OF**

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Contech Construction, LLC (Name of the Limited Liability Compan (A Florida Limited L.)	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	
Florida document number L07000067843 This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:	610 E Zack St
(Principal office address MUST BE A STREET ADDRESS)	STE #110-3046 Tampa, FL 33602
Enter new mailing address, if applicable:	610 E Zack ST
Effet near management	STE #110-3046

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:

Tampa, FL 33602

Name of New Registered Agent: New Registered Office Address:	Emmanuel Reynolds 11194 Cay Spruce Way	Enter Florida street address	_
(ten register)	San Antonio City	Florida 33576 Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

(Mailing address MAY BE A POST OFFICE BOX)

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	t unendies	ŧ
AMBR =	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO Emmanuel Reynolds	Emmanuel Reynolds	610 E Zack St	- ≅add
		STE #110-3046	□Remove
		Tampa, FL 33602	
VP Jolen	Jolene Rosario-Reynolds	610 E Zack St	
		STE #110-3046	
		Tampa, FL 33602	
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Add
		 	Remove
			Change
			\ _Add
			□Remove
			Change

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(If an et <u>Note:</u>	tive date, if other than the date of filing:
ard is f	rd 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 iled.
Dated	Signature of a member or authorized representative of a member. Signature of a member or authorized representative of a member.
	Signature of a member or authorized representative of a member
	Example 12 of mobile 5 Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00