## 10800090213

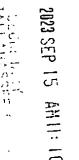
(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	itate/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nam	e)
(Docur	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

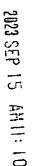
Office Use Only



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09/15/23--01018--007 \*\*25.00







## **COVER LETTER**

Registration Section Division of Corporations

O:

Shovel Con	struction, LLC		•
	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Alan Chovel		
		Name of Person	
	Shovel Construction, LLC		
		Firm/Company	·
	10620 SW 126 ST		
		Address	<del></del>
	Miami, FL 33176		
	· · ·	City/State and Zip Code	
	alan@shovelconstruction.co		
	E-mail address; (	to be used for future annual report notif	ication)
or further information c	oncerning this matter, please c	all:	
lan Chovel		305 763-9405	
Name o	f Person	Area Code Daytime	Telephone Number
nclosed is a check for the	ne 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 S		Street Address: Registration Sec	tion
Division of C		Registration Sec Division of Corp	
P.O. Box 632	.7	The Centre of Ta	allahassee
Tallahassec, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)
ability Company	y were filed on 09/2:	3/2008 and assigned
owing:		
the limited lial	oility company her	<u>e</u> :
ords "Limited Liab	ility Company," the des	signation "LLC" or the abbreviation "L.L.C."
able:	N/A	\$ No. 100
T ADDRESS)	-	1023 S
		SEP SEP
		85 5 F
	N/A	in the second of the second o
ROX)		
<u> </u>		10
1		
egistered office s here:	address on our rec	cords, enter the name of the new registe
· · ·		
N/A		
N/A		
	Enter Florid	la street address
		Florida <sup>N/A</sup>
N/A		
<u>N/A</u>	City	Zip Code
	owing:  the limited liabords "Limited Liabable:  T ADDRESS)  BOX)  egistered office is here:  N/A	ords "Limited Liability Company her ords "Limited Liability Company," the des able:  N/A  N/A  N/A  N/A  N/A  N/A

mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
igr	Luis R. Rodriguez	7370 SW 156 ST PALMETTO BAY, FL 33157	□Add
			■Remove
			□ Change
			□Add
			□Remove
		<del></del>	□Change
<del></del>			□ Add
			□Remove
			□Change
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te: If the date inserted	f in this block does i	not meet the applic	cable statutory filir	ng requirements, this	date will r	not be listed
cument's effective date	e on the Department	of State's records	i.			
	rd officitive date by	t not an offissive (	ime at 12:01 a.m.	on the earlier of: (b)	The Ohil	r Asy after th
word enocities a dolare		t not an enective t	mie, at 12,01 a,iii.	on the carner or. (b)	7116 21711	i day aiter a
is filed.	_	2022				
September 10		2023	·			
ecord specifies a delayous filed.  September 10		2023	·			