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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC	THE STREET	CONSTRUCTION, LLC		
SOBJEC	-··	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		EDUARDO VILCHEZ		
			Name of Person	
		AYE AYE CONSTRUCT	ION, LLC	
			Firm/Company	
		1170 LOST TRAIL		
			Address	
		FORT WALTON BEACH	I, FL 32547	
			City/State and Zip Code	
		edv908@gmail.com		
For furth	er information co	e-mail address: (	to be used for future annual report not all:	ification)
EDUAR	DO VILCHEZ		786 367-2766	
	Name o	f Person		ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	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)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive C Tallahassee, FL 3	on rations enter Circle

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

(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 ne registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	AYE AYE CONSTRUCTION, LLC		
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:    N/H	( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	······································
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:	The Articles of Organization for this Limited Liability Company	were filed on	_ and assigned
A. If amending name, enter the new name of the limited liability company here:    N/A	Florida document number L09000061688		
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 ne registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	This amendment is submitted to amend the following:		
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 ne registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	A. If amending name, enter the new name of the limited liab	pility 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 ne registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address		N/A	
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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 neregistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	Enter new principal offices address, if applicable:	N/A	
(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 ne registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	(Principal office address MUST BE A STREET ADDRESS)		NSE OF
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New Registered Office Address:  Enter Florida street address			e name of the new
Enter Florida street address	Name of New Registered Agent:	NA	
Enter Florida street address	New Registered Office Address:		
771 · 1		Enter Florida street address	,
		, Florida	
City Zip Code		City	Zip Code

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	Address	Type of Action
MGR	Edvardo Milhez Candentey	820 ST KITTS CV	
		NICEVILLE, FL 32578	■ Remove
			Change
MGR	EDUARDO F VILCHEZ	820 ST KITTS CV	■ Add
		NICEVILLE, FL 32578	□ Remove
			Change
<del></del>			
			□ Remove
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n effective date is listed, the date n	oust be specific and cannot be	e prior to date of filing c	r more than 90 days after f	iling.) Pursuant to 6	505.020
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record specifies a delay The 90th day after the re	ed effective date, bu ecord is filed.	ut not an effectiv	e time, at 12:01 a	m, on the ear	rlier o
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	•	or authorized representa			

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Typed or printed name of signee

Filing Fee: \$25.00