L09000111481

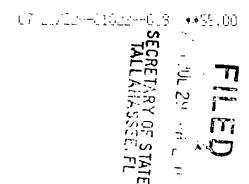
(Requestor's Name)	
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	ONSTRUCCIE	LIES 24(do73 -	2007 LLC
MODIFICATION CONTRACTOR CONTRACTO	Name of Lim	ited Liability Company	
			CRETAR
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	T RY
Please return all correspo	ndence concerning this matter	to the following:	100 c
	Gine	TAND BELLO	STATE
		Name of Person	
	CONSTRU	CCIONES 2466 Firm/Company	73-7007 LLC
	8300 NW	53rd 5t # 350 D	1011AL FL 33166
	gbelloebe E-mail address: (1	City/State and Zip Code Lei Cinq4youqrou to be used for future annual report notific	D·COM
For further information co	oncerning this matter, please ca	all:	
GUOTAUO Name ol	BELLO	at (<u>954)</u> 6823 Area Code Daytime	O75 Telephone Number
Enclosed is a check for th	e 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 Sect	ion
Division of C	orporations	Division of Corp	orations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Co	ompany were filed on	19/2009 and assigned
Florida document number <u>L09000111481</u>		S
This amendment is submitted to amend the following:		ACRE TO
A. If amending name, enter the new name of the limit	ted liability company here:	ANRY O
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designat	ion "LLC" or the abbreyiation "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vet address
		Florida
	City	Zip 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 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
MGRM	BERTORELLI, ALFIZEDO)	🗆 Add
		28286072600500 MARII FL 33145	X Remove
			□Change
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			□Add
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Effective date, if other	r than the date of fi	ling:		(optio	nal)	
Note: If the date insert	ed in this block does n	ot meet the applical	odate of filing or mode statutory filing	ore than 90 days after g requirements, this	filing.) Pursuant to 605.0 date will not be listed	207 as
document's effective da	ite on the Department	of State's records.				
e record specifies a delard is filed.	yed effective date, but	not an effective tim	ne, at 12:01 a.m. (on the earlier of: (b)	The 90th day after t	he
Dated ゴレレタ	ZZnd	2022				
		4001	Delly			
-	Signature c	Tamember or author	ized representative	of a member		

Filing Fee: \$25.00