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## CORPORATE When you need ACCESS to the world ACCESS, \_\_\_\_

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Onstruction Dovelopment Feam, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
LUIS E Guerrero  Name of Person  Accharation Danabase 1 Tag 111
Construction Development Jean LLC Firm/Company
2414 Saint Augustine Blvd
Haines City, FL 33844
E-mail address: (to be used or future annual eport notification)
For further information concerning this matter, please call:
Luis E. Guerrero at (863) 242-8924  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO 2022 AUG -4 AMII: 05

Anstronton Da	alongon Tana 110	Posts Tribis
(Name of the Limited)	Liability Company as it now appears on our re Florida Limited Liability Company)	cords,)
The Articles of Organization for this Limited Liabi	lity Company were filed on 10/18/2	2010 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
Source. Group M	oltisenices LLC	
The new name must be distinguishable and contain the words		LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
<u>(Principal office address MUST BE A STREET A</u>	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	x)	
	<u> </u>	
		<del></del>
B. If amending the registered agent and/or regis agent and/or the new registered office address h	stered office address on our records, <u>en</u> ere:	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		The wilde
_	City ,	Florida 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

Title	<u>Name</u>	Address	Type of Action
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ffecti	ive date, if other than the date of filing:
an eff ote:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocum	ent's effective date on the Department of State's records.
	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
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ated	Algost 32 2000
aicu	, 200
	Luis I Colleger
	Signature of a member or authorized representative of a member
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