LII 0000 54463

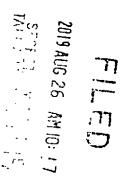
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COVER LETTER

	gistration So ision of Cor		•	
SUBJECT:	ABRAHAS	N CONSTRUCTORS LLC		
Journe 1.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		RICKY SOUZA		
		SOUZA'S TAX & ACCO	Name of Person UNTING PROFESSIONALS INC	
			Firm/Company	
		6239 EDGEWATER DRI	• •	
		ORLANDO, FL 32810	Address	
		INFO@SOUZATAX.COM	City/State and Zip Code	
		E-mail address (to be used for future annual report notif	ication)
For further it	iformation c	oncerning this matter, please co	all:	
Abrahan Castillo			321 287-7367	
	Name o	f Person	Area Code Daytimo	Felephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ABRAHAN CONSTRUCTORS LLC

(Name of the Li	nited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) ipany)
The Articles of Organization for this Lumited Florida document number 1.11000054463	Liability Company were filed	on 05/09/2011 and assigned
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	of the limited liability compa	any here:
The new name must be distinguishable and contain the	words "Limited Liability Company	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	NET ADDRESS)	
Enter new mailing address, if applicable:		201 TA
Mailing address MAY BE A POST OFFICE	E BOX)	77. S.
		, to
3. If amending the registered agent an egistered agent and/or the new registered	d/or registered office addre office address here:	ess on our records, enter the name of the
Name of New Registered Agent:		NTING PROFESSIONALS INC
New Registered Office Address:	6239 EDGEWATER DRIV	E, SUITE D-01
	Ent	er Florida street address
	ORLANDO	. Florida ³²⁸¹⁰
	City	Zia 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

Zip Code

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	MICHELLE CASTILLO	6618 S GOLDENROD RD. UNIT B ORLANDO, FL 32822	Add
			Remove
			Change
			
			□ Remove
			Change
			Add
			☐ Remove
			□ Change
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
			□ Change

							
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f an effective <u>Note:</u> If th	late, if other that a date is listed, the di e date inserted in seffective date on	ate must be specifi this block does r	ic and cannot be p not meet the ap	prior to date of filing plicable statutory	or more than 90 da	(optional) ys after filing.) Pursuant its, this date will not b	to 605.0207 be listed as
e record The 90t	specifies a de h day after th	layed effective e record is fil	ve date, but led.	not an effecti	ve time, at 12	:01 a.m. on the	earlier of
Dated	- / //	1 /	,	·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00