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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration S Division of Co		ii van in van van van van van van van van van va	**************************************
SUBJ	ECT:	AAC CON	STRUCTION,LLC	
			ited Liability Company	
The en	sclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please	return all correspo	ondence concerning this matte	r to the following:	
			ANUAR A. CABRERA	
			Name of Person	•
		AAC	CONSTRUCTION,LLC	
			Firm/Company	
			1970 30 PLACE SW	
			Address	
			NAPLES,FL 34116	
			City/State and Zip Code	
		anuar@a E-mail address; (acconstructionandrealty.co	m ication)
For fur	ther information c	concerning this matter, please of	eall:	
	ANUA	R A. CABRERA	at (239)	537 8924
	Name o	f Person	Area Code & Daytim	e Telephone Number
٠				
		ne following amount:		
[√] \$ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	R e gistr Divisio P.O. Bo	ING ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AAC CONSTRUCT	ION,LLC			
(Name of the Limited Liability Company as it (A Florida Limited Liability	Company)	our records.)		
The Articles of Organization for this Limited Liability Company were for the Line of Company were for t	iled on	01/23/2012	and assign	ned
Florida document number L1200011231.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability co	ompany here:			
The new name must be distinguishable and end with the words "Limited Lia"L.L.C."	bility Company,"	the designation "LL	.C" or the abb	reviation
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)			<u> </u>	
	 			
B. If amending the registered agent and/or registered office acregistered agent and/or the new registered office address here:	ddress on our	records, enter th	e name of	the new
Name of New Registered Agent:				
<u> </u>			12 SEC	
New Registered Office Address:	Enter	Florida street addre	\$5F \(\sum_{\text{s}} \)	T
	······································		SEE -	i may
City			Cap Code	
New Registered Agent's Signature, if changing Registered Agent:		, 2	Code STAT	D
I hereby accept the appointment as registered agent and agree to the provisions of all statutes relative to the proper and complete po	act in this capa erformance of i	city. I further agre	to comply	with ith and

accept the obligations of my position as registered agent as provided for in Chapter 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	Agni J. Carbajal	4970 30 place sw Naples.FI	34116
<u></u>	<u></u>		Add Remove
			Add
			AddRemove
			AddRemove
D. If amend	ling any other information	enter change(s) here: (Attach additional sheets, if n	ecessary.)
_		0040	
Dated	may 30		
	Signatur	è of a member or authorized representative of a member	
		Anuar A. Cabrera Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00