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FILED 2022 HAR 21 PH 4: 28 SECRETARY OF STATE

A. BUTLER APR 05 2022

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
	family Construction, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gabriel S. Saade, Esq.		
		Name of Person	
	The Saade Law Firm, P.A.		
		Firm/Company	
	255 Alhambra Circle, Suite	: 320	
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	gss@saadelaw.com		
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Gabriel S. Saade, Esq.		786 633-1114	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
= 325.00 Filming Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address;	
Registration S Division of C		Registration Se	
P.O. Box 632		Division of Co The Centre of	-
Tallahassee, l	FL 32314		oe Street, Suite 810

Tallahassee, FL 32303

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

FILED

AHS Multifamily Construction, LLC

2022 HAR 21 PM 4: 28

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on ou Liability Company)	CREIAR / OF STATE
`	, , , , , , , , , , , , , , , , , , ,	TALLAH ASSEE, FL
The Articles of Organization for this Limited Liability Compan	y were filed on November	r 1, 2012 and assigned
Florida document number L12000139156		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Resia Construction, LLC		
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the designati	on "LLC" or the abbreviation "L.L.C."
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)		
intering usuaress with DE N1 OGT OF TICE BON		
		
B. If amending the registered agent and/or registered office	addraes on our records	onter the name of the new register.
agent and/or the new registered office address here:	; address on our records	, enter the name of the new registers
		
Name of New Registered Agent		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	Enter Florida stre City	et address , Florida Zio 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>	<u>Name</u>	Address	Type of Action
			Петюче
			Change
			□Add
			□Remove
			□Add
			□Remove
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ective data if other:	han the date of filing	••			(optional)	
effective date is listed, th	e date must be specific and	cannot be prio	r to date of filing	or more than 90	days after filing.	Pursuant to 605.02
ument's effective date	in this block does not m on the Department of S	tate's records	cable statutory	filing requirem	ents, this date	will not be listed a
cord specifies a delayer s filed.	d effective date, but not	an effective t	ime, at 12:01 a	i.m. on the earli	ier of: (b) Th	e 90th day after th
			01			
March 16 ed	;	2022				
		/	' /// /			
		/	14			
	Signature of a n	nember or auth	orized represent	ative of a membe	er .	

Filing Fee: \$25.00