Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : AFT PROCESSING Account Number : 120110000069 Phone : (954) 567-0013

: (954)567-3401 Fax Number

Enter the email address for this business entity to be used for future annual report meilings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONSOLIDATED CONSTRUCTION COMPANY, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

API Processine

08/21/2020 10:24

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Consolidated Construction			
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears of ulity Company)	n our revards.)	
The Articles of Organization for this Limited Liability Company we Florida document numberL12000142478	ere filed on	November 9, 2012	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here	:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the desi	gnation "I.I.C" or the abbri	eviation "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)		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office add	tress on our rec	ords, enter the name	of the new register
agent and/or the new registered office address here:		£	
Name of New Registered Agent:		- <u>></u>	
New Registered Office Address:	Enter Florida	a street address	
		, Florida	
	Ctry		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office of	erformance of m ovided for in Ch	y auties, and Fan Ja apter 605, F.S. Or. iJ	this document is

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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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	Luciano Milli Calci	3162 Commodore Plaza, Suite 3AB	⊔Add
		Miami, FL 33133	≡ Remove
			□Change
MGR	Alberto Solorzano Landa	3162 Commodore Plaza, Suite 3AB	
		Miami, FL 33133	Cl Remove
			□Change
			□Add
			□Remove
			Change
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record specifies is filed.	a delayed effective	date, but not an effec	ctive time, at 12:0	I a.m. on the earlier	of: (b) The 90th day	after the
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			V-4)		

Filing Fee: \$25.00

Typed or printed name of signec

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