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(Requestor's Name)	
(Address)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	0
(Document Number)	
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Special Instructions to Filing Officer:	

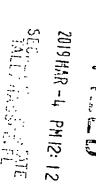
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R. WHITE MM 12 203



COVER LETTER

Division of Corporations		
SUBJECT: <u>Newsta</u>	Name of Limited Liability Company	LLC
The enclosed Articles of Amendment and	d fee(s) are submitted for filing.	
Please return all correspondence concern	ning this matter to the following:	
	Rogelio TRujill	0
	Newstart Construct Firm/Company	ion, LLC
27	30 5W 3 Address	vite 700
	Miami Florida. City/State and Zip Code	33129
<u>R</u> (gtruj Lloe LMAIL. Co	port notification)
For further information concerning this	matter, please call:	
Rogelio TRU	ii LLo at (305) 5	Daytime Telephone Number
Enclosed is a check for the following an	nount:	
\$25.00 Filing Fee \$30.00 F Certifie	Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &

MAILING ADDRESS:

TO:

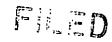
Registration Section

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



Newstart	Construction LLC 2019 MAR-4 PM 12: 12
(Name of the Limited Liabil (A Florid	Construction LLC Hty Company as it now appears on our records: Limited Liability Company)
The Articles of Organization for this Limited Liability (Company were filed on <u>Dec 27 12012</u> and assigned
Florida document number <u>L 12000 160 774</u>	 '
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
Newstart Const	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
<u>Principal office address MUST BE A STREET ADD</u>	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	stered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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

<u>Title</u>	Name	Address	Type of Action
			□ Remove
			☐ Change
		Remove	
			Change
			Remove
			□ Change
		□ Remove	
			Change
		□ Remove	
			
			Add
			☐ Remove
			☐ Change

I€ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
re	and the state of t
If an Note	ctive date, if other than the date of filing:
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ne 90th day after the record is filed.
Date	ed February 28th, 2019
	Signature of a member or authorized representative of a member
	Rogelio Taujillo Typed or printed name of signee
	Timel or printed by many of times

Page 3 of 3

Filing Fee: \$25.00