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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: USTATE CONSTAUCTION LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MANEO COLVAV Name of Person
ETATE CONSTRUCTION UC
407 LINCOLARD Address
FL, MIAMI BEACTI, 33139 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANDUS A DIO THUEM at (3.5) 7980208 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

RESTAN CONSTRU (Name of the Limited Liabil (A Florid	ity Company as it now appears of a Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on <u>ノの</u>	$\sqrt{67/2013}$ and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here	:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C	<u> </u>
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	-1	<u>₹</u>
Enter new mailing address, if applicable:		NOV -9	CRETARY
(Mailing address MAY BE A POST OFFICE BOX)			با <mark>خ</mark> ر
B. If amending the registered agent and/or regi	stered office address on o	eur records, enter the name of	SINTE TO THE TOTAL
registered agent and/or the new registered office add		<u></u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florido	a street address	
	City	, Florida 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 **Type of Action Address Title** Name 1 407 LINCOLN RD #2F, FL 33139 NAdd HGA ANDREA DIOTALLEVI ____

Remove ____ Change __ Add □ Remove _□ Change _ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove

_□ Change

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Filing Fee: \$25.00



November 13, 2017

STEPHANIE J ROC-SIMON 2750 NW 44TH STREET #311 OAKLAND PARK, FL 33309

Re: Document Number L16000069007

The Articles of Amendment to the Articles of Organization for NR-OTO, LLC, a Florida limited liability company, were filed on November 13, 2017.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Nicholas C Cooper OPS Division of Corporations

Letter Number: 117A00022913