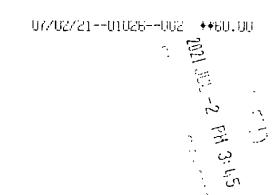
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PICK-UP WAIT MAIL
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TIMBER

## **COVER LETTER**

Division of Cor	porations		
CUBICCT.	Cornerstone Cons	truction Consultants LI	LC
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
		Andres R Villarreal	
		Name of Person	
	Cornerst	one Construction Man	agement
		Firm/Company	
	14836	SW 132 ave Miami FL	33186
		Address	
		Miami Florida 33186	
	_	City/State and Zip Code	
		stone_Group@hotmai to be used for future annual re	
For further information c	oncerning this matter, please co		por normanian,
Andr	es R Villarreal	at ( <u>305</u> )	305-546-7862
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

Mailing Address:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cornerston	e Construction Consultant	ts LLC	
(Name of the Limited Li (A F)	ability Company as it now appeared Limited Liability Company)	irs on our records.)	<del> </del>
The Articles of Organization for this Limited Liabili Florida document numberL13000151285	ty Company were filed on _	10/28/2013	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company h	i <u>ere</u> :	
Cornerstone Construction	Management LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET AI	DDRESS)		
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or regist agent and/or the new registered office address he		records, <u>enter the na</u>	me of the new register
			, b
Name of New Registered Agent:			- 13 - 13
New Registered Office Address:			<u>ب</u> ب <u>ن</u> ب
	Enter Fle	orida street address	14 5
		. Florida	• 1
<del></del>	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 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
			□Add
			□ Remove
			□Change
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	ted	Jun 27	·	2021				
				omber or authoriz	ed representative	of a member		<del></del>