Division of Corporations Electronic Filing Cover Sheet

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· · · · · · · · · · · · · · · · · · ·	CONSTRUC				
(Name of the Limited	Liability Compar Florida Limited L	ny as it now appears on our : lability Company)	records.)		
The Articles of Organization for this Limited Liab Florida document number L13000170160	bility Company	were filed on 12/09/20	and assigned -9		
This amendment is submitted to amend the follow	ving:		FIG. R		
A. If amending name, enter the new name of t	<u></u>		FLORID		
The new name must be distinguishable and end with the wo	ords "Limited Liabi	ility Company," the designation	m "LLC" or the abbreviation L.L.C."		
Enter new principal offices address, if applical	ole:	825 BRICKELL BA	AY DRIVE, SUITE#246		
(Principal office address MUST BE A STREET	ADDRESS)	MIAMI, FL 33131			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		825 BRICKELL BAY DRIVE, SUITE#246 MIAMI, FL 33131			
B. If amending the registered agent and/or registered agent and/or the new registered offi			cords, enter the name of the new		
Name of New Registered Agent:	ECCO PLA				
New Registered Office Address:	825 BRICK	ELL BAY DRIVE, SU	JITE #246		
		Enter Florida street			
	MIAMI		Florida 33131		
		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

Page 1 of 3

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member Title <u>Name</u> Address Type of Action 825 BRICKELL BAY DRIVE **MGRM** GHILHERME, ANDRE LUIZ A. SUITE#246 MIAMI, FL 33131 ☐ Add _D Remove _□ Remove _□ Add _□ Remove

a.	If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if	necessary.)		
•	the date this document is filed by the f	mot be prior to date of receipt or filed date and cannot be more than 90	optional) days after		
	Dated APRIL 08/	2014			
		E STATE OF THE STA			
	GH	Signature of a member of authorized representative of a member IILHERME, ANDRE LUIZ A.		_	
		Typed or printed name of signec	IA!		
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			YOF S	PH.	
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