## L14000038368

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## **COVER LETTER**

TO: Registration Se Division of Cor					
COFAL CO	NSTRUCTION LLC				
	Name of Lin	nited Liability Company	<del></del>		
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	PAULO GOMES				
	GOMES INSURANCE &	Name of Person ACCOUNTING		_	
	129 SW 15TH STREET	Firm/Company		2019 APR SECRET	ÀF
	DEERFIELD BEACH FL	Address 33441		7-1 PH	AND FILED
	PAULO@GOMESINS.CO	City/State and Zip Code M		2: 23	
		to be used for future annual report notif	ication)		
For further information co	ncerning this matter, please c	all:			
PAULO GOMES		954 531-1431			
Name of	Person	at () Area Code Daytime	Telephone Numbe	er	
Enclosed is a check for the	e following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

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

COFAL CONSTRUCTION LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 03/07/2014	and assigned
Florida document number L14000038368		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<b>20</b>
	<del>.</del>	9 A
		70
Enter new mailing address, if applicable:		
	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)		32 <b>i</b> i
		- <u>N</u>
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	fice address on our records. g:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	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>	<u>Name</u>	Address	Type of Action
MGR	ANDRE LUIZ GOMES	1100 SE 4TH AVE DEERFIELD BEACH FL 33441	<b>■</b> Add
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be prior to date of lock does not meet the applicable statu	(option filing or more than 90 days after fil atory filing requirements, this d	al) ing.) Pursuant to 60 ate will not be lis	05.0207 (3)( sted as the
the record specifies a delaye ) The 90th day after the rec	d effective date, but not an eff cord is filed.	ective time, at 12:01 a.r	n. on the earl	ier of:
Dated MARCH 29	2019			
	Lorema Salle S Cornes Signature of a member or authorized repr			

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Typed or printed name of signee

Filing Fee: \$25.00