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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	ASTANON (C) Name of Limit	TONS TRUCTION ited Liability Company	SERVICES LLC
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	George.	NNG SCIOULUE	da
	43-7-67-64-41-7-7-6-400	Firm/Company	
	7339 E.	Colonial Du	is Suitero
	Optional	Address  Address  City/State and Zip Code	32807
		to be used for future annual report notif	
For further information c	oncerning this matter, please ca	all:	
Geosa Name o	f Person /	at (407) 666- Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

ť

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

CASTANON CONST	euction SERVICES LLC
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>21400015053</u> 5	were filed on $9/25/20/4$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi  SAYAEL CONSTRUCTO  The new name must be distinguishable and contain the words "Limited Liability".	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	Street V
New Registered Office Address:	Enter Florida street address
	Enter Florida street address
<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 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 = Ma AMBR = Au	nager thorized Member			
<u>Title</u>	Name	Address	Type of Action	
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		Orlando, Horida 32839	Remove	
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Filing Fee: \$25.00