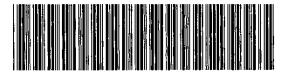
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	egistration Sec ivision of Corp			
		NSTRUCTION LLC		3
SUBJECT	:	Name of Limi	ited Liability Company	
Γhe enclos	ed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspor	ndence concerning this matter	to the following:	
		MARGARITA RIVERA		
			Name of Person	
		KEOPS CONSTRUCTION	N LLC	
		-	Firm/Company	
		8234 SW 197 TERRACE		
		-	Address	
		CUTLER BAY, FL 3318	9	
			City/State and Zip Code	
		BAYVIEWPALMS@GMA		
		E-mail address. (to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca	all:	
MARGAR	RITA RIVERA		786 502-6652 at () Daytime	
	Name of	l'Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	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:

. 2.

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

REOPS CONSTRUCTION LLC		
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited Liability Company were Florida document number L15000044743	filed on 3/11/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co	empany," the designation "LLC" or	the abbreviation "L.L.C."
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)		
		2. ~
B. If amending the registered agent and/or registered office	address on our records, e	nter the name of the
egistered agent and/or the new registered office address here:		
Name of New Registered Agent:		
N D 1 1007 111		
New Registered Office Address	Enter Florida street address	<u> </u>
		E E
	, Florid	la

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	LUZ PENA M	3091 NW 1 STREET MIAMI, FL	Add
			■ Remove
			☐ Change
AP	EFRAIN SOTO	8234 SW 197 TERRACE	Add
			■ Remove
			□ Change
			Remove
			Change
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If the date inserted in this blo iment's effective date on the De			tory filing requirem	ents, this date will r	not be listed
mient y checure date on the be		. Corus.			
ecord specifies a delayed	effective date, b	ut not an effe	ective time, at 1	12:01 a.m. on th	he earlie
ne 90th day after the reco			·		
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Marie	, f I	, 010			
		VANDAL	esentative of a member		

Page 3 of 3

Filing Fee: \$25.00