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(Re	questor's Name)	
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(0).	JOHN COLLINS	<i>,</i>
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	of Status
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COVER LETTER

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			TONSTRUCTION LLC		
SUBJEC	: <u> </u>			are submitted for filing. matter to the following: Name of Person FRUCTION LLC Firm/Company COURT Address PRIDA 34743 City/State and Zip Code Idress: (to be used for future annual report notification) lease call: 407 348-7123 at () Area Code Daytime Telephone Number S S55.60 Filing Fee & S60.00 Filing Fee, atus Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
			mendment and fee(s) are subr		
			GERMAN TORO		
				Name of Person	
			DELTORO CONSTRUCT	ION LLC	
				Firm/Company	
			202 OLIVEWOOD COUR	T	
				Address	
			KISSIMMEE, FLORIDA	34743	
				City/State and Zip Code	
			E-mail address: (t	o be used for future annual report no	utification)
For furtl	her inte	ormation cor	acerning this matter, please ca	ill:	
GERM	AN TO	RÓ			
	-	Name of	Person	Area Code Dayti	me Telephone Number
Enclose	d is a c	heck for the	following amount:		
D \$25	.00 Fili	ng Fee	☐ \$30,00 Filing Fee & Certificate of Status	Certified Copy	Certificate 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

DELTORO CONSTRUCTION LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 08/12/2015 The Articles of Organization for this Limited Liability Company were filed on _ Florida document number 1.15000137835 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
MGRM	PEREZ, REGULO A	3497 FOREST RIDGE LN KISSIMMEE, FI, 34741	⊟ Add
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a effective date <u>te:</u> If the da	e is listed, the date nate in this	he date of filing must be specific and block does not m Department of So	cannot be prior to reet the applicab	date of filing or mo le statutory filing	(option of the control of the contro	nal) filing.) Pursuant to 605. date will not be liste	.0207 :d as
record sp The 90th d	ecifies a delay lay after the r	ed effective d ecord is filed.	late, but not a	an effective til	ne, at 12:01 a	.m. on the earlic	er of
ted OCTO	BER 28TH		2019				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00