115000 198250

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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT:	Macho	ted Liability Company	Beach 2305	LLI
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return all correspond	dence concerning this matter t	o the following:		
	Mid	TOP CONTRACTOR	alez	
	Roez-M	Ma d Company	raler, Luc	
	626	Address	Road	
		City/State and Zip Code	33155	
	E-mail address: (to	2 a le 7 (a) p - V o be used for future annual report no	ng 19 W. Com	
For further information cor	ncerning this matter, please ca	H:		
Michael (Name of I	ounzalez Person	at (335) Dayti	136 - 60/6 ime Telephone Number	
Enclosed is a check for the	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:

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

The Articles of Organization for this Limited Liability Company were filed on 11/24/15 and assign Florida document number 1500198250

A. If amending name, enter the new name of the limited liability	v company here:
The new name must be distinguishable and contain the words "Limited Liability	Company "the designation of LC" and the althought on M. L. C."
	Company, the designation (LLC) of the abbreviation (L.E.C.)
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
-	
Enter new mailing address, if applicable:	o .
(Mailing address MAY BE A POST OFFICE BOX)	
_	75 DE 1
B. If amending the registered agent and/or registered offic	e address on our records, enter the name of the nev
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	5r. 0
-	Enter Florida street address
	Clasida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager		
AMBR =	= Authorized Member		

<u>Title</u>	Name	Address	Type of Action
MGR	Covera Pela	101 Surrise Dr. H	3 0 12 NAdd
	ļ.	101 Surrise Dr. H: Key Bixayna FL 331	49□ Remove
			Change
			Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Remove
		• -1-1-T	Change
		-	🗖 Add
			Remove
			□ Change

	•
an effectiv <u>fote:</u> If th	date, if other than the date of filing:
	ispecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ated	Octor 1. 2019
	Signature of a member of authorized representative of a member
	Michael Consaler athorny by LLC Typed or printed name of signee

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Filing Fee: \$25.00