(Requestor's Name)	
(Address)	800304853638
(Address) (City/State/Zip/Phone #)	
	10/26/1701009011 **25.00
(Business Entity Name)	
(Document Number)	
ertified Copies Certificates of Status	2017 (17/11)
Special Instructions to Filing Officer:	DCT 26 AM IO: 03
Office Use Only	

COVER LETTER

' TO:	Registration Section
	Division of Corporations

MAR DE PLATA CONSTRUCTION, LLC

•	,	۰	,	 1.1.	٠	

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN P LEDESMA

Name of Person

Firm/Company

62 BARRING PLACE

Address

PALM COAST, FL 32137

City/State and Zip Code

A_GBOOKKEEPING@YAHOO.COM

E-mail address: (to be used for future annual report notification)

Area Code

For further information concerning this matter, please call:

JUAN P LEDESMA

Name of Person

386 569-0752 at (_____)____

Daytime 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

ARTICL	LES OF AMENDMENT	
ARTICLI	ES OF ORGANIZATION OF	2017 OCT 2-
		ISO ANID.
MAR DE PLATA CONSTRUCTION, LL	C	CALL ST U.
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our records. ida Limited Liability Company)	2017 OCT 25 AN 10: 0
The Articles of Organization for this Limited Liability	Company were filed on $\frac{02/29/2016}{2}$	and assigned
Florida document number L16000042237	·	
This amendment is submitted to amend the following:		!
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
		1
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
		I
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		1
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		enter the name of the new
registered agent and/or the new registered ornee ac	laress nere:	
Manna of Maria Davier and Amaria		
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	, Flo	rida i
	City	Zip Code

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

MGR = Manager AMBR = Authorized Member

۰.

•

<u>Title</u>	Name	Address	Type of Action
MBR	Roberto Reyes Perez	14743 SW 54 TERR	₽ Add
		Miami, FL 33185	Remove
			Change
			🗆 Add
			Charlee Fall Add Co
			□ Remove □ Change
			D Add
			Remove
			🗆 Change
			D Add
			Remove
			Change [
			D AdJ
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

.

, .

· · · · · · · · · · · · · · · · · · ·			
			بے
			<u> </u>
			R
			6K-10: 05
			0
			O
			- 1
			·
			I
<u> </u>	<u> </u>		
			· · · · · · ·
Manting data if ath an them the d		<i>.</i> .•	n
Effective date, if other than the d f an effective date is listed, the date must h	be specific and cannot be prior to date of t	optiona) iling or more than 90 days after filia	g.) Pursuant to 605.0207 (3)(b
<u>Note:</u> If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statut	tory filing requirements, this dat	e will not be listed as the
document's effective date on the Dep	arment of state's records.		
1 15 1 1	<i></i>		
e record specifies a delayed (The 90th day after the recor	effective date, but not an effe	ective time, at 12:01 a.m	. on the earlier of:
The John day after the recor	u is meu.		
OCTOBER 24	.2017		
Dated			
X	4//		
······································	isharure of a member or authorized repro	sentative of a member	·····
		and the second	
JUAN P LEDESMA	0		
	Typed or printed name of	signee	- -

Page 3 of 3

Filing Fee: \$25.00