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that I will

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Registration Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

10.005 0.002/2002	PLATA CONSTRUCTION, LI	.c		
SOBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JUAN P LEDESMA			
		Name of Person	·	_
		Firm/Company		_
	153 BIMINI LANE			
		Address		_
	BUNNELL, FL 32110			
	A_GBOOKKEEPING@Y/			_
	E-mail address: (to be used for future annual	report notification)	•
For further information of	concerning this matter, please ca	all:		
JUAN P LEDESMA		4.2	9-0752	
Name o	of Person	Area Code	Daytime Telephone Numb	er
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certific dosed) Certific	Filing Fee, rate of Status & ed Copy had copy is enclosed)
	JNG ADDRESS: ration Section		Γ/COURIER ADDRESS: ion Section	

Division of Corporations Clifton Building

Tallabassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FILED (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 2019 Jahd 31sig Rd 3 1 The Articles of Organization for this Limited Liability Company were filed on 02/29/2016 Florida document number $\frac{1.16000042237}{1.16000042237}$ SECRETARY OF STATI TALLAHASSEE, FLORIE 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 Company," the designation "LLC" or the abbreviation "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

MAR DE PLATA CONSTRUCTION, LLC

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Roberto Reyes Perez	14743 SW 54 TERR	
		Miami, FL 33185	Remove
			Change
MBR	ANDREA GALVAN	153 BIMINI LANE	<u></u> ≘ ∧dd
		BUNNELL, FL 32110	Remove
			Change
			∩ Add
			□ Remove
			□ Change
			Add
			Remove
			☐ Change
			Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change

If amending any other inform				•	
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Effective date, if other than the first an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and can block does not meet	the applicable s	of filing or more tha tatutory filing requ	(optional) n 90 days after filing.) P irements, this date wi	ursuant to 605.0207 (Il not be listed as t
ne record specifies a delay The 90th day after the re		e, but not an	effective time,	at 12:01 a.m. or	the earlier of:
Dated MAY 28		2019			
/	V//	- `			
	Signature of a mem	ber or authorized	representative of a m	ember	
JUAN P LEDESMA	,				
ADVIN L PEDESIMA	Tor	oed or printed nam	e af ciones		

Page 3 of 3

Filing Fee: \$25.00