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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Se Division of Cor	ection Porations			,	
	ARE CONSTRUCTION LLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	MAURICIO VALLEJO				
		Name of Person			
	SET SQUARE CONSTRU	JCTION LLC			
	 	Firm/Company			
	1721 SHASTA CT				
		Address			
	WINTER PARK, FL 3279	92			
		City/State and Zip Code			
	CMEJIA@TTECH.CO				
	E-mail address: (to be used for future annual report notific	ation)	2016	
For further information of	oncerning this matter, please co	all:			
CAROLINA MEJIA		407 729-3948 at ()	TV R) IASSI	FI 9774	-
Name of Enclosed is a check for the	f Person he following amount:		Felephone Number	ل نب س	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filin Certificate Certified C (additional co	of Status Copy	

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

iled on 04/07/2016	and assigned
mpany here:	
pany," the designation "LLC"	or the abbreviation "L.L.C."
	
ldress on our records,	enter the name of the no
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	an alband
Enter Florida street address	Mary Con Pro-
	Zip Code
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If Changing Registered Agent, Signature of New Registered Agent

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 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	MAURICIO VALLEJO	1721 SHASTA CT., WINTER PARK, FL 32792	
			Remove
			☐ Change
		-	
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tive date, if other than the date of filing:	1	(option	nal)	
ffective date is listed, the date must be specific and cannot be prior to If the date inserted in this block does not meet the applicable	e statutory filing rec	ian 90 days aiter i juirements, this	uing.) Pu date will	rsuant to but I not be list
ment's effective date on the Department of State's records.	, ,			
ecord specifies a delayed effective date, but not a	n effective time	. at 12:01 a.	m. on	the earli
e 90th day after the record is filed.		, at 12.01 a.		
AUGUST 09 2016				
1	•			
Signature of a member or authoriz	11-11-0			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00