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06/03/16--01011--006 **25.00



COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI		PE 650	ed Liability Company	ion LLC
The en	closed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please	return all correspo	ndence concerning this matter to	o the following:	
		Ei	DUARON S. G.	OMEE
			Name of Person	
		\mathcal{P}	E650 COUSTRA	UCTION LLC
		200	Firm/Company o S. DIXIE /	Huy SUITE 113
		<i></i>	Address Liami, FL	Aug SUITE 113 33133
			• •	
		E-mail address: (to	2 L g d C ON ST R A be used for future annual report notifi	cation)
For fur	rther information co	oncerning this matter, please cal	1:	
	EOUR	ROS S. GOME	t at (786) 251 Area Code Daytime	- 2212
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	2 \$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

7-EG50	CONSTRUCTION	LLC
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)	
he Articles of Organization for this Limited Liability Company or	were filed on April 2	25/20/and assigned
his amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
ne new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
lailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered off gistered agent and/or the new registered office address here	-	ater the name of the r
Name of New Registered Agent:		5 5
New Registered Office Address:	Enter Florida street address	(A) (基) (A) (A) (A) (A) (A) (A) (A) (A) (A) (
	, Florida	1 2 3 3 3
	City	Zip:Code
w 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.

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 added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	FELICIANO TENNACHANE	NEW 1200 BISCAYNE D. SEN HIAMI, FL 33.	- Add
			\(\mathbb{R}\) \(\ma
			Change
MGR	SERGIO SA	410 MADEIRA AV. COLAL GABLES, FLZ.	
			Remove
			☐ Change
			□ Remove
			Change
			Add
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antico data if ather the	on the data of G	N:			(antional)	
ective date, if other that effective date is listed, the d	late must be specific	and cannot be p		ng or more than 90 c		
te: If the date inserted in ument's effective date or				y ming requirent	ents, this date will	not be listed
record specifies a de he 90th day after th	elayed effective record is file	e date, but	not an effec	tive time, at 1	2:01 a.m. on	the earlier
ed <u>May</u>	10	_, <u>201</u>	6			
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Page 3 of 3

Filing Fee: \$25.00