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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| Division of Corpo | | | |
|------------------------------|--------------------------------|--|--|
| SUBJECT: | TH 5 Con | Struction Grunited Liability Company | e LLC |
| | mendment and fee(s) are sub | _ | |
| Please return all correspond | lence concerning this matter | to the following: | |
| | Juan | Hernandez Tr Name of Person | - , |
| | 2H2 | Construction Gro | mp LLC |
| | | ber Blrd S Address | |
| | Napte | City/State and Zip Code and 2 4 1 9 @ Cook of the control of the control of the cook of the control of the cook o | 17 Imail. Com |
| | | | fication) |
| For further information con | cerning this matter, please ca | all: | |
| Jun Her Name of P | mander Tr. | at (<u>J39</u>) <u>530</u> Area Code Daytim | - 8697 ne Telephone Number |
| Enclosed is a check for the | following amount: | | |
| □ \$25.00 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: | | Street Address: | |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability (A Florida I | Company as it now appears on our records.) Limited Liability Company) |
|---|---|
| | ompany were filed on $\frac{7}{7}/\frac{2016}{2016}$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limit | ed liability company here: |
| The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE | ed Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." ESS) |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, enter the name of the new registered |
| Name of New Registered Agent: | Juan Hernander Sc |
| New Registered Office Address: | 7(al Weber Blvd 5 Enter Florida street address |
| | Naples Florida 34117 Zip Code |

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.

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 = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address 2. JS. In Fil 1:19 | Type of Action |
|--------------|-------------------|-----------------------------------|----------------|
| MGR | JUAN HERNANDEZ JR | 761 WEBER BLVD S NAPLES,FL. 34117 | 🗆 🗅 Add |
| | | | ≣Remove |
| | | | □ Change |
| AMBR | JUAN HERNANDEZ JR | 761 WEBER BLVD S NAPLES,FL. 34117 | ≘ Add |
| | | | □Remove |
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| If an effective date is list Note: If the date inse | her than the date o ted, the date must be spec erted in this block doe date on the Departme | ific and cannot be priors not meet the applications. | cable statutory filin | ore than 90 days at g requirements, t | ler filing.) Pursuant t | to 605.0207 e listed as |
| document's effective | date on the Departme | int of State S records | . | | | |
| e record specifies a de d is filed. | elayed effective date, l | out not an effective t | ime, at 12:01 a.m. | on the earlier of: | (b) The 90th day | after the |
| Dated Scot | 11 | 2020 | <u>)</u> . | | | |
| | Signatu | re of a member or auth | noriva representative | of a member | | _ |
| | - | | | | | |

Filing Fee: \$25.00