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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TMetro Construction, LLC 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:
Antonio Abin Name of Person
TMetro Construction LLC
1681 Golden Eate Blud West
NAPLES FL. 34120 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Antonio J. Carcia at (239) 692-4860  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}\$  \$\Bigcup \text{S45.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$  \$\Bigcup \text{S60.00 Filing Fee. 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

T Metro Construction	on LLC
(Name of the Limited Liability Company as at now ap (A Florida Limited Liability Compar	pears of our records.) ny)
The Articles of Organization for this Limited Liability Company were filed on Florida document number	07/07/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>r here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	/ A
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	Florida street address
Enter	Florida Fo B
City New Registered Agent's Signature, if changing Registered Agent:	Zip (Figie

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:

1

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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		2111 39 AUR NE. Naples, FL. 34120	Remove
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Filing Fee: \$25.00