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Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SIMAC GROUP CONSTRUCTION, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIMAC GRO	OUP CONSTRUCT	TION, LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records,	)		•	
The Articles of Organization for this Limited Li	iability Company	were filed on	07/28/2016		and :	assigned	l
Florida document numberL16000141946							
This amendment is submitted to amend the following	owing:						
A. If amending name, enter the new name of	f the limited liab	ility company h	ere:				
N/A							
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the o	designation "LLC"	or the abbr	eviation	"L.L.C."	
Enter new principal offices address, if applic	able:	N/A					
Principal office address MUST BE A STREE				]¥5 38	9		
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					<u> </u>	i ma	
Enter new mailing address, if applicable:		N/A		Taljari Harajari	******		
(Mailing address MAY BE A POST OFFICE	ROY)			71.00		9 4 <b>3</b>	
IMMANG MANTESS (MAX DIVA) COST OFF TELL	<u> 100 ду</u>			955 1355	**	1-79/2	
	•		<del>-</del>	<u> </u>	8		
B. If amending the registered agent and/ registered agent and/or the new registered of			our records,	enter tl	he nan	ie of th	e new
Name of New Registered Agent:	N/A	<u></u>				- <u>-</u>	<del></del> -
New Registered Office Address:	N/A						
		Enter Flo	rida street address			•	
			, Flo	rida			
		City			Zip Co	de	

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.

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	RODOLFO A NIEVES	6535 W 24TH CT APT 12	□ Add
		HIALEAH FL 33016	■ Remove
			□ Change
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			Remove
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		**************************************	☐ Remove
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		(optional)
tive date, if other than the	date of filing:	30.1 0 61 15
If the date inserted in this blo	date of filing:  be specific and cannot be prior to date of filing or more than 9 ck does not meet the applicable statutory filing require	90 days after filing.) Pursuant to 605 ements, this date will not be liste
tive date, if other than the offective date is listed, the date must.  If the date inserted in this bloment's effective date on the Dep	ick does not meet the applicable statutory filing require	90 days after filing.) Pursuant to 605 ements, this date will not be liste
If the date inserted in this blo nent's effective date on the Dep cord specifies a delayed	eck does not meet the applicable statutory filing require partment of State's records.  effective date, but not an effective time, at	ements, this date will not be liste
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If the date inserted in this bloment's effective date on the Depeter of the property of the second specifies a delayed a 90th day after the reco	partment of State's records.  effective date, but not an effective time, at ord is filed.  2016  RODOLFO NIEVES	t 12:01 a.m. on the earlies $\frac{16}{8}$

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