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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CUBICT.	A&E Const	niction Solutions, LLC					
SUBJECT:Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	indence concerning this matter	to the following:					
	Karla Maria Luna Valencia						
Name of Person							
	A&E Construction Solutions, LLC						
		Firm/Company					
6450 Palm Garden Ct							
Address							
Davie, FL 33314							
	City/State and Zip Code						
	acc	constructionsolutions@ya	thoo.com			2	
	E-mail address: (to be used for future annual	report notification	n)	=, 1	021	
For further information c	oncerning this matter, please c	all:			MU ATT	2021 SEP 27	
Karla Maria	a Luna Valencia	305 at ()	793-2526				٠ ۶ ;
Name of Person Area Code Daytime Telephone Number			ohone Number	 .	P	:	
					L ;	2: 15	-
Enclosed is a check for the	he following amount:				ţ	1	
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee of Certified Copy (additional copy is enc		\$60.00 Fil Certificate Certified (additional of additional of additio	e of Status Copy		
Mailing Addres		Street Ac Registre	ddress: ation Section				
Division of C	Corporations	Division of Corporations					
P.O. Box 632	.7	The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

A&E Construction	on Solutions, LLC			
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on o Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL16000168502	were filed on	09/09/2016	and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designal	tion "LLC" or the	abbreviation "L	L.C."
Enter new principal offices address, if applicable:	C150 Dolm Cordon Ct			
(Principal office address MUST BE A STREET ADDRESS) 6450 Palm Garden Ct Davie, FL 33314			<u></u>	
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)	6450 Palm Garden Ct			
Davie, FL 33314				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ls, <u>enter the na</u>	me of the her	w regist
Name of New Registered Agent:	Karla Maria Luna	Valencia	<u> </u>	<u> </u>
New Registered Office Address:	6450 Palm Gr		. 7# - 5	
	Enter Florida str	eet address	<u>-</u>	
	Davie	Florida _	33314	
	City		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.

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Ana Luna	6450 Palm Garden Ct. Davie, FL 33314	□Add
			■Remove
			Change
AMBR	Karla Maria Luna Valencia	6450 Palm Garden Ct. Davie, FL 33314	= Add
			□Remove
			□Add
			□Remove
			☐ Change
			Add T
			27 Removes
			☐ Change
			□ Add
			□Remove
			□ Change
			□Remove
			Change

Typed or printed name of signee