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DIVISION OF CONTORALIONS

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COVER LETTER

CAYLE SUBJECT:	CONSTRUCTIONS LLC		
	Name of L	imited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are st	abmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	Bernardo Meidler		
		Name of Person	
	Evandra, S.A., INC		me Telephone Number □ \$60.00 Filing Fee.
		Firm/Company	
	520 NW 165th Street Rd.	Suite 100	
		Address	
	Miami, FL33169		
	evandrasa@gmail.com	City/State and Zip Code	Telephone Number S60.00 Filing Fee, Certificate of Status &
	E-mail address:	Name of Limited Liability Company rendement and fee(s) are submitted for filing. Ince concerning this matter to the following: Bernardo Meidler Name of Petson Evandra, S.A., INC Firm/Company 520 NW 165th Street Rd, Suite 100 Address Miami, FL33169 City/State and Zip Code randrasa@gmail.com E-mail address: (to be used for future annual report notification) rning this matter, please call: on at (786 / 953 2958 / Area Code) Daytime Telephone Number Iowing amount: \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.	
for further information (concerning this matter, please c	all:	
Bernardo Meidler		786 953 2958	
Name c	of Person	Area Code Daytime	e Telephone Number
inclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$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:

TO:

Registration Section Division of Corporations

> 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

CAYLE CONTRUCTIONS LLC

(Name of the Li	mited Liability Company : (A Florida Limited Liab	is it now appears on our records.)	
The Articles of Organization for this Limited Florida document number L17000011358	Liability Company we		and assigned
This amendment is submitted to amend the fo	_		1 T
A. If amending name, enter the new name	of the limited liability	company here:	FILE 17 JUL 20 P
The new name must be distinguishable and contain the	words "Limited Liability C	Company," the designation "LLC" or r	S P P
Enter new principal offices address, if appl			ine addreviation (142C)
(Principal office address MUST BE A STRE	ET ADDRESS)		\(\frac{\xi}{2} \) \(\tau \)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	Nor registered office	address on our records, ent	er the name of the new
New Registered Office Address:	520 NW 165th Street	Rd., Suite 100	
		Enter Florida street address	
	Miami	Florida	33169
New Rouistoned Courses Co.		ity	Zip Code
New Registered Agent's Signature, if changing I	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>	Address	Type of Action
MGR	Camila Aguiar Sa	520 NW 165th Street Rd.,	■ Add
		Suite 100, Miami, FL33169	Remove
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Filing Fee: \$25.00