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COVER LETTER

TO:	Registration Sc Division of Cor			
etto (1		STRUCTION GROUP, LLC		
SUBJE	:C1:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		EDGARDO PALMA		
		-	Name of Person	·
			- Firm/Company	
		6624 MISSION CLUB BI	.V 311	
		INFO@EXPERTAXFINAL		
For fur	ther information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notifi all:	cation)
EDGA	RDO PALMA		407 486-6089	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
= \$25	5.00 Filing Fee	□ \$30.00 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:

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

DEP CONSTRUCTION GROUP, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any ay it now appears on our records. (Liability Company))
The Articles of Organization for this Limited Liability Compan	y were filed on 01/18/2017	and assigned
Florida document number L17000014367		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		三
Enter new mailing address, if applicable:		VIE ON TH
(Mailing address MAY BE A POST OFFICE BOX)		₹ O
		ORUA 08
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he	office address on our records, re:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ANDREINA THAISALEN LLOVERA MOLLEJA	3019 ASHLAND LN S KISSIMMEE FL 34741	■ Add
			
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fective date, if other than the dat in effective date is listed, the date must be	te of filing:		(optional)	
in effective date is listed, the date must be https://piece-pte: 1f the date inserted in this block	specific and cannot be prior does not meet the applica	to date of filing or more that the statutory filing requ	n 90 days after filing.) Pursua irements, this date will no	int to 605.020 it he listed as
ocument's effective date on the Depar	rtment of State's records.		The state of the s	r tre tilsted a
record specifies a delayed ef The 90th day after the record	fective date, but no is filed.	t an effective time,	at 12:01 a.m. on the	earlier o
med May 30th.	2019			
	- A-1	<u> </u>		
	911)			

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Typed or printed name of signee

Filing Fee: \$25.00