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COVER LETTER

TO: Registration Se Division of Cor	ection rporations		
BOTTER &	& MATTOS CONSTRUCTION	N LLC	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	HENRIQUE BOTTER DE	EMATTOS	
		Name of Person	
BOTTER & MATTOS CO		ONSTRUCTION	
		Firm/Company	
	1250 S MILITARY TRAI	L	
		Address	
	DEERFIELD BEACH, FL	. 33442	
		City/State and Zip Code	
	HENRIQUEMATTOSUSA	A@GMAIL.COM (to be used for future annual report notification)	
For further information of	concerning this matter, please c	·	
HENRIQUE BOTTER DE MATTOS		954 7781323	
Name of Person		Area Code Daytime Telephone Number	-
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certified Copy Certificate of S (additional copy is enclosed) Certified Copy (additional copy is	Status
Mailing Addre Registration		Street Address: Registration Section	
Division of C	Corporations	Division of Corporations	
P.O. Box 632 Tallahassee,		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOTTER & MATTOS COSNTRUCTION LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records. imited Liability Company))
The Articles of Organization for this Limited Liability Cor	mpany were filed on 02/24/2017	and assigned
lorida document number L17000044275		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limite	ed liability company here:	
BOTTER & MATTOS CONSTRUCTION LLC		
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDRE	<u></u>	
		72
		N 7
Enter new mailing address, if applicable:		P
• •		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	City , F101	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

NAMED A LANGUAGE CONTROL COMPANY OF THE

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ective date, if other than the d	te of filing:	_ (optional)
n effective date is listed, the date must be. If the date inserted in this block	specific and cannot be prior to date of filing or more than 90 of does not meet the applicable statutory filing requirem	days after filing.) Pursuant to 605.0207 (
cument's effective date on the Dep	rtment of State's records.	icins, this date will not be listed as t
ecord specifies a delayed effective	ate, but not an effective time, at 12:01 a.m. on the earli	ier of: (b) The 90th day after the
s filed.		•
JANUARY 4TH	2021	
JANUARY 4TH	. 2021	
red		
red	nature of a member or authorized representative of a member	er

Filing Fee: \$25.00