## L17000086816

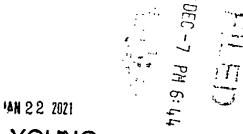
(Requestor's Name)
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S. YOUNG

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: GICLY	0.01	ica LC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon-	dence concerning this matter	to the following:	
	Victor	E. LONG Z Name of Person	
		Firm/Company	<del></del>
	UB WFOL	49 Terrile. Address	
	Miami, Fr	33165 City/State and Zip Code	
	CICUALUYENG E-mail address: (i	Valor @ annual report noti	fication)
For further information cor	ncerning this matter, please ca	all:	
VICTOR CON Name of I	erson		2047 e Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 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:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-3

(Name of the Limited Liability Co	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp.	any were filed on 4/19/17 and assigned
Florida document number LIZOXXX SUSI W.	any were filed on 4/19/17 and assigned
This amendment is submitted to amend the following:	+
A. If amending name, enter the new name of the limited !	liability company here:
Above All Construction U	LC
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10700 Su 49 Terrace
(Principal office address MUST BE A STREET ADDRESS	Micmy FL 33165
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address here:	10700 Su 49 Terrace Micros FL 331.05  ice address on our records, enter the name of the new registered
Name of New Registered Agent:	ing Sussa
New Registered Office Address:	SU 49 Talace  Enter Florida street address
$\underline{\mathcal{M}_{i}}$	im Florida 33 05
	Lite /in Lode

## 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			□Change
	<del></del>		□Add
			□ Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□Add
		<del></del>	□ Remove
<del></del>			□Add
			Remove
			□Change
			□ Add
		<del></del>	□Remove
			□Change

Ifam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
	· <del></del>
Note:	tive date, if other than the date of filing:
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	12/3/20 1/
	Signature of a member or authorized representative of a member
	Victor E Lorsez
	Typed or printed name of signee