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Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: <u>MON</u>	DS & MUNOZ Name of Limi	Construction 10	<u>-</u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Percy	M W D Z Name of Person	
	Morros an	d MUNIZ CIVIS M	uction 11c
	15271 nw	60th Ave, # 102	• · · · · · · · · · · · · · · · · · · ·
		City/State and Zip Code MMCWhy LiM- II to be used for future annual report noti	fication)
For further information co	oncerning this matter, please co	वी:	
Pev W	MUV)0Z Person	at (<u>786</u>) 419 – Area Code Daytim	1260 e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9 Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	npany as it now appears on our ed Liability Company)	records.)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L17,000 [26,134</u>].	ny were filed on	$08 \sqrt{2017}$ and assigned	j
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	US LLC	n"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u>≥</u> 20	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-2 AM DO 5	<u> </u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records.	enter the name of the new reg	 istered
Name of New Registered Agent:	****		
New Registered Office Address:	Enter Florida street	address	
		Florida	
	Cny	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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than if an effective date is listed, the date Note: If the date inserted in the document's effective date on the	is block does not	meet the applicabl	date of filing or more to be statutory filing re	(optional han 90 days after filing quirements, this date) 2.) Pursuant to 605.0 e will not be listed	020 :d a:
ne record specifies a dela The 90th day after the			an effective time	e, at 12:01 a.m.	on the earlie	r o
Dated february	25th	. 2020	50			
-	Signature of a	monther of militaria	ed representative of a	manher		
	orgnature of a	amenuect of aumoriz	ca representative of a	memoet		

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Filing Fee: \$25.00