Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Page, 3 of 7

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGIO MANAGEMENT, LLC

Account Number : I20200000149 : (813)570-9000 Fax Number : (813)200-2700

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

regiongmt@live.com Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MR CONSTRUSERVICES LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 05 |
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AUG 05 2022

From: Regio Manageme

COVER LETTER

| Division of Corp | | | • • |
|---|---|---|---|
| | MR CONST | RUSERVICES LLC | |
| SUBJECT: | Name of Limi | 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: | |
| | | ALBA ROLDAN Name of Person | |
| | RE | GIO MANAGEMENT Firm/Company | CLCC. |
| | 3434 | W COLUMBUS DR SI | JITE 107 A |
| | | TAMPA, FL 33607 | |
| | REGIO | City/State and Zip Code MGMT@LIVE.COM | |
| | | to be used for future annual rep | ort notification) |
| For further information co | incerning this matter, please c | all: | |
| ALBA ROLE | | | 570-9000 Daytime Telephone Number |
| Name of | Person | Area Code | Daytime Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F | ection orporations 7 | Division of The Centr | on Section of Corporations to of Tallahassee 4 onroe Street, Suite 810 |
| Tallahassee, F | -L 32314 | | te. FL 32303 |

Page: 5 of 7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MR CONSTRUSERVICE | SLLC | |
|--|---|--|
| (Name of the Limited Liability Compan (A Florida Limited Li | is it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company vi | were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ity 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) | ST. CLOUD, Pt. 34769 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 435 CAMEO CT ST. CLOUD, FL 34769 | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | nddress on our records, <u>enter the na</u> | me of the new registered |
| New Registered Office Address: | Enter Florida street address Florida | AND AND ILED ILED SLE FLOR |
| | Circ , Florida _ | 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:

18132002700

MGR = Manager AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------------|-----------------------------|---------------------|----------------|
| AMBR | INGRID Y PINEDA DE RAUDALES | 435 CAMEO CT | ⊠⁄Add |
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| Effective date | , if other than the date (| of filing: 8/4/2 | | (optional) | |
| If an effective date Note: If the dat | via figured, the date must be sno | citic and cannot be prior es not meet the applic | able statutory frling | e than 90 days after filing.) Pu equirements, this date will | suant to 605,0207 not be listed as |
| e record specific and is filed. | ss a delayed effective date, | but not an effective ti | ime, at 12:01 a.m. on | the earlier of: (h) The 9f | ith day after the |
| Dariel | JULY 25 | 2022 | | | |
| Dated | | 一· <i>于</i> | ₹ | | |
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