117000/165893

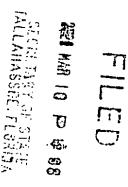
((Requestor's Name)	_
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THE MENY

COVER LETTER

Registration Section
Division of Corporations

TO:

HOVEL C	ONSTRUCTIONS, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		ANGELA MACK	
		Name of Person	
	TAX ACCOUN	TING & FINANCIAL SPECIALI	TS LLC
		Firm/Company	
	229	95 S HIAWASSEE RD STE 407F	
		Address	
		ORLANDO, FL 32835	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	tification)
For further information	concerning this matter, please c	all:	
AN	GELA MACK	407 710-0808	
Name	of Person	at () Area Code Daytir	ne 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 Addre Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

НО	VEL CONSTRUC	TTIONS, LLC	
(Name of the Lim	ited Linbility Come (A Florida Limited	pany as it now appears on our record I Liability Company)	<u>S</u> ₁)
The Articles of Organization for this Limited L Florida document number <u>L17000165893</u>	Liability Compan	y were filed on <u>08/03/2017</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company." the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	<u> </u>
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOX)		<u>. </u>
B. If amending the registered agent and/or		e address on our records, <u>enter</u>	
agent and/or the new registered office addr	ess here:		5
Name of New Registered Agent:	N/A	ſ	
New Registered Office Address:	N/A		
		Enter Florida street addres)
		, Fl	orida
		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, 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
MBR	BR TAVARES MANAGEMENT (8856 DELLA SCALA CIR	
		ORLANDO, FL 32836	■Remove
			□Change
MGR	AGUIAR, VENCESLAUS.	7751 KINGSPOINTE PARKWAY STE 109	= Add
		ORLANDO, FL 32819	□Remove
			□Change
MGR	MGR AGUIAR, LEILA B.	7751 KINGSPOINTE PARKWAY STE 109	= Add
		ORLANDO, FL 32819	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

lfan	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	N/A
(If an <u>Not</u>	ctive date, if other than the date of filing:
	cord 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 filed.
Date	ed 02 20 20 20
	Signature of a member or authorized representative of a meanth
	BRUND MUNIZ DA SILUEIRA TAVARRY Typed or printed name of signee
	BRUNG MUNIC DA SILVEIRA JAVARRY

Filing Fee: \$25.00