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Special Instructions to Fi	ling Officer:	
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COVER LETTER

TO:

	Registration S Division of Co		• :	
		STRUCTION LLC		
SUBJEC	T:	Name of Limi	ted Liability Company	
The encl	osed Articles o	of Amendment and fee(s) are subj	mitted for filing.	
		pondence concerning this matter		
		ANTONIO PAGAN		
			Name of Person	
		RRJ CONSTRUCTION L	I.C	
			Firm/Company	
		12611 IDAHO WOODS L	ANE	
			Address	, <u>.</u>
ORLANDO, FLORIDA 3282		2824		
		City/State and Zip Code		
		E-mail address: (to be used for future annual report not	fication)
For furth	er information	concerning this matter, please ca	all:	
ANTON	i NO PAGAN		407 506-8523	
Name of Person		Area Code Daytim	ne Telephone Number	
Enclosed	f is a check for	the following amount:		
	.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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Se		
		Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RRJ CONSTRUCTION LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our ed Liability Company)	records.)
The Articles of Organization for this Limited Liability Comparing document number L17000212886.	any were filed on 10-16-2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SAME	<u>2</u>
Principal office address MUST BE A STREET ADDRESS	<u> </u>	75 82 71
Enter new mailing address, if applicable:	SAME	C-9 PH 3
Mailing address MAY BE A POST OFFICE BOX)		3: 57
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: NA	ce address on our records, <u>o</u>	enter the name of the new regist
New Registered Office Address:		
	Enter Florida street	address
	City	, 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RAFAEL CRUZ	304 E. SOUTH STREET UNIT 2020	■Add
		ORLANDO, FLORIDA 32801	□Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			Change
			□Add
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			🗀 Add
			□Remove
			C) Ch

Effective date, if other than the date of filing: 12-1-2022 ((optional)) (If an effective date, if other than the date of mining the prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. If the record 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 ecord is filed.						
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Dated DECEMBER 131	Dated_	DECEMBER 1ST	2022	<u> </u>		
		/1///				
Signature of a member or authorized representative of a member		(M)	Signature of a member of	r authorized rennecessari	ive of a member	

Typed or printed name of signee