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SECRETARY OF STATE

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COVER LETTER

TO:

TO:	Registration S Division of Co			
eum irz		Construction Solutions LLC		
SUBJEC	ul:	Name of Lim	ited Liability Company	
The encl	losed Articles o	of Amendment and fee(s) are sub-	mitted for filing.	
		oondence concerning this matter		
		Ismael Caballero Sr		
			Name of Person	
		Caballero Construction So	lutions LLC	
			Firm/Company	
		7930 Woodgrove Circle		
			Address	
		Tampa, FL 33615		
			City/State and Zip Code	
		Ismaelc71@yahoo.com		
		E-mail address: (to be used for future annual report not	ification)
For furth	ner information	concerning this matter, please ca	all:	
Ismael (Caballero		813 650-6921 at ()	
	Name	of Person	Area Code Daytin	ne Telephone Number
Enclose	d 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)
	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on orations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Caballero Constructions Solutions LLC (Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on November 8th 2017 Florida document number L17000231018 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Ismael Caballero Sr Name of New Registered Agent: 7930 Woodgrove Circle New Registered Office Address: Enter Florida street address Tampa

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
AR	Giselle M Caballero	7930 Woodgrove Circle	Add
		Tampa, FL 33615	Remove
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Filing Fee: \$25.00