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OIVISION OF CORPORATION

N COOPER MAY 23 2018

COVER LETTER

TO: Registration Se Division of Cor	porations		
SUBJECT:	AA EMMA Name of Limi	NULL CONST	ruction LLC
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	Lui	5 M A COS	+2
	AA EM	MANUEL CONS	t2 struction/LCC
	1505	Meridic Av	16
		City/State and Zip Code	
	E-mail address: (CLacosta83 @ to be used for future annual report not	GMail. Com
For further information co	oncerning this matter, please ca	all:	
Luis M	ALOSTA Person	at (<u>\$13</u>) <u>86</u> S Area Code Daytim	3 - 0634 ne Telephone Number
Enclosed is a check for th	ne 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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:

Enter Florida street address Florida			City	Zip Code
				, Florida
	Nino Dinitirand Ore and Live	New Registered Office Address:	Enter Florida street ud	ldress

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. Thereby 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOAQUIN G HIRNAM	NOTE OF SAND SAND SAND SAND SAND SAND SAND SAND	D⁄Ádd
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m effective date ote: If the da	, if other than the is listed, the date metering in this tective date on the l	ust be specific and block does not n	I cannot be prior neet the applica	o date of filing or oble statutory fil	more than 90 day:	optional) after filing.) Purs s, this date will a	uant to 605.02 not be listed
record spo The 90th d	ecifies a delaye ay after the re	ed effective cord is filed.	date, but no	: an effective	time, at 12:	OI a.m. on t	he earlier
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Page 3 of 3

Filing Fee: \$25.00