## L18000032812

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## **COVER LETTER**

Division of Corporations	
SUBJECT: AA EMMANUEL CONSTRUCTION LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person  PA EMMANUEL CONSTRUCTION LLC  Firm/Company  1505 Melidel Are  Address  TAMPA FL 336/2  City/State and Zip Code  LVIS Manuel acousta 83 @ gmail. unc  E-mail address: (to be used for future annual report not pleation)	
E-mail address: (to be used for future annual report not deation)	- / 5
For further information concerning this matter, please call:	1 - 1 
Name of Person at (813) 863-0634 Area Code Daytime Telephone Number	A COMSTA
Enclosed is a check for the following amount:	3
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$Certificate of Status & \$\Bigcup \$Certificate of Status & \$\Bigcup \$Certified Copy (additional copy is enclosed)\$	S

MAILING ADDRESS:

TO:

Registration Section

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

A A	EMMANUEL	Construction L	LC
( <u>Name of the Limited</u> (A	Liability Company as it now appears on or Florida Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L/80000</u>		2/7/19 and assigned	
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liability company here:		
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	le:	on "LLC" or the abbreviation "L.L.C."	_ _ _ _
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BC	<u></u>		_
			<del>. ,</del>
B. If amending the registered agent and/or registered agent and/or the new registered offic		records, <u>enter the namerof the</u> スプー い つ	new
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:		12 :	
	Enter Florada stre		٠. ا
	City	Florida	—

## 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

Title	<u>Name</u>	Address	Type of Action
MGR	ANIBAL Alvarez	1505 Moridal Ave TAMPA FL 33612	O Add
0		TAMPA FL 336/2	Remove
			O Add
			🗆 Remove
			□ Change
			□ Remove
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			☐ Change

) <sub>,</sub> If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effi <u>Note:</u>	we date, if other than the date of filing:    D2   7   9   (optional)
f the red b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	02/7 20/7
	Signature Commember or authorized representative of a member  ANI DAI DIVAILE  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00