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FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA

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## **COVER LETTER**

	ion Section of Corporations
	ONSTRUCTION CONSULTING LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.
Please return all co	prrespondence concerning this matter to the following:
	STRUCTION CONSULTING LLC  Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:  LATIF E SANCHEZ  Name of Person  LS CONSULTION CONSULTING LLC  Firm/Company  13804 Sw 124 Avg 20gcl  Address  Light Jacob City/State and Zip Code  Latif Sanchet 23 Company  City/State and Zip Code  Latif Sanchet 23 Company  In concerning this matter, please call:  at (160) 12-4590  Daytime Telephone Number  or the following amount:
	Name of Person
	LS construction consulting, LLC
	13804 Sw 124 Ave Dogel
	Latif. Sanchez 23 Ramail.com
For further informa	ation concerning this matter, please call:
LATIF E SANCH	ez at (786) 112-6590
1	Name of Person Area Code Daytime Telephone Number
Enclosed is a checl	k for the following amount:
\$25.00 Filing I	Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy

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

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our d Liability Company)	records.)
The Articles of Organization for this Limited Liability Companies of Organization for the Organiz	by were filed on $2/10$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		18 TECH
		AH AH
		SSE SSE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		= S
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	City	, Florida Zip Code
	City	zip Coae

## 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> Name **Address Type of Action** atif Senchez 13904 Sw 124Ave Rd ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ■ Remove □ Change \_□ Add □ Remove ☐ Change \_□ Add □ Remove

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docu	ment's effective date on the Department of State's records.	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earling equations are second in filed.	ier of
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Filing Fee: \$25.00