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HAROLINE J. HARRIS

COVER LETTER

SUBJECT:	LIFEQUEST JOINT VEN	NTURE CONSTRUCTION LLC			
30b3EC1.	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
		MIGUEL MOURIZ			
		Name of Person			
	CMA FLORIDA HOLDINGS, LLC				
		Firm/Company			
	10	NW 42ND AVE SUITE 700			
		Address			
		MIAMI, FL 33126			
		City/State and Zip Code			
	E-mail address: (1	to be used for future annual report not	ification)		
For further information	concerning this matter, please ca	all:			
MIGUEL MOURIZ		305 567-	1577		
Name	e of Person	Area Code Daytin	ne Telephone Number		
Enclosed 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		

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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**

LIFEQUEST JOINT VENT	URE CONSTRUCT	ON LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL18000042320	y were filed on	02/15/2018	and as	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	oility company her	<u>·e</u> :		
PROJECT LIFEQUEST JOINT VENT	URE CONSTRUCT	ION LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the de	signation "LLC" or the	abbreviation "I	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 of registered agent and/or the new registered office address here		our records, <u>ente</u>		of the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Flori	da street address		
· . 	City	, Florida _	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	City		гір Сойе	

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

MGR = 1 AMBR = 1	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
			Add
			Remove
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Page 3 of 3

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