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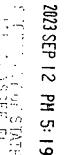
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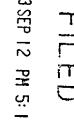
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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:		Struction Sern ited Liability Company	is, uc
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Edwa	Name of Person	Sernee UC
		Firm/Company W 2nd 5+	
	<u>P</u>	Address NWA Black City/State and Zip Code AMArtine 2 694	n FE 33404
-	E-mail address: (TAMAY HIND 2 699 to be used for future annual report notif	Ognail. Cem
For further information conc			
Edward M	aAnl 2	at (Dol) (070-	-5321 Telephone Number
Englosed is a check for the fo	ollowing amount: ☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy
Mailing Address: Registration Sec	tion	Street Address:	(additional copy is enclosed)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on Florida document number 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 "LLC" or the abbreviation "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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
MGR	Zenox Marinez	- 617 W 2nd St.	UA \(\overline{\sqrt{dd}} \)
		- 617 W 2nd St. Piviera Black FZ 33	3414 BREMOVE
A	Λ λ		Change
<u>146</u> R	Andrew Martinez	617 W 2nd st	GAdd
		Col7 W 2nd st Piviera Black F 33	40 G Remove
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f an eff Note:	ive date, if other than the date of filing:
e recoi rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	September 1st 2023
	Signature of a member or authorized representative of a member
	Edward Martinez

Filing Fee: \$25.00