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T. MATTHEWS
MAR 2 3 2022

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Magnacon	Construction LLC	
30bJEC1		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
	ondence concerning this matter	-	
		Ricardo C. Colon	
		Name of Person	
	ī	Magnacon Construction LLC	
		Firm/Company	<u> </u>
		462 Bonifay Ave.	
		Address	
		Orlando, FL 32825	
		City/State and Zip Code	·
	Ricard	o@Magnaconconstruction.com	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Ricardo	C. Colon	407 484-8040	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 Addres Registration S		Street Address:	aria.
Division of C		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

22 11 14 11 4:03

Magnacon Constructio (Name of the Limited Liability Construction) (A Florida Limited Liability Construction)		ars on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number L18000075449		/23/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	ere:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the o	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	. <u> </u>		
Principal office address MUST BE A STREET ADDRES.	<u></u>		
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address here:	ice address on our r	ecords, <u>enter the nan</u>	ne of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
	·	. Florida	
	City	Florida	Zip Code
ew Registered Agent's Signature, if changing Registered Age	ent:		
hereby accept the appointment as registered agent and c	agree to act in this c	apacity. I further on	ree to comply with it

1 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
AMBR	Robert F Lisk	1042 Southern Hills Dr. Orange Park FL 32065	≡ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

Exhibit 1 Listing o	of Managers - Add Robert F Lisk
	f Members - Add Robert F Lisk
	Contributions -Add Robert F Lisk
 	
····	
-	
Note: If the date inserted in	han the date of filing:
record specifies a delayed d is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
March 8th	2022

Filing Fee: \$25.00