## L18000120128

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

	Registration Se Division of Cor			
SUB IEC		DE CONSTRUCTIONS,LLC	•	,
SUBJEC		Name of Lim	ited Liability Company	<del></del>
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		WESLEY MARCON		
			Name of Person	
		MARCONDE CONSTRU	CTIONS,LLC	
			Firm/Company	
		15908 Bridgewater In		
			Address	<del></del>
		TAMPA, FL 33624		
		<del>-</del>	City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	ification)
For furth	er information co	oncerning this matter, please ca	all:	
			at ()	ne Telephone Number
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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)
				3.0

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE

2024 DEC 10 PM 3: 47

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

MARCONDE CONSTRUCTIONS LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.  Liability Company)	)	
The Articles of Organization for this Limited Liability Company Florida document number 1.18000120128	were filed on 05/14/2018	and assigned	
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		ne name of the new regist	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address , Florida  City Zip Code		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ee to act in this capacity. I furt	her agree to comply it	

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 hability—

company has been notified in writing of this change.

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
AMBR	HENRIQUE DOS SANTOS	1950 CORONADO RD FORT MYERS, FL 33901	□Add
			■Remove
			Change
			\_\ \_\ Add
			□Remove
			□ Change
			□Add
			□Remove
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			Remove
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			$\mathbb{R}^{\frac{1}{2}}$ $\omega$

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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be pric k does not meet the appli	or to date of filing or more icable statutory filing re	than 90 days after filing.)	Pursuant to 60 will not be lis	5.0207 ( ted as t
he record specifies a delayed effective d ord is filed.	late, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day afte	ja dec 10
DECEMBER 03 Dated	. 2024	·			010
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