118000175227

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COVER LETTER,

TO: Registration S Division of Co			
SUBJECT: <u>R</u> e	CONSTRUCTION Name of Limit	SOLUMONS L ed Liability Company	-LC
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	
	JOSEA	Name of Person	
	RECONSTR	UCTION SOLUTI	JUS LLC
	_7412 K	ACANI ST Address	
		FL 32822 City/State and Zip Code	
	E-mail address: (to	x TO 1974 DG MAIL. be used for future annual report notif	COM
For further information	concerning this matter, please ca	II:	
Jose A Name	ALVAREZ of Person	at (<u>407</u>) <u>282-</u> Area Code Daytime	1177 Telephone Number
Enclosed is a check for	the following amount:		
5 \$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:

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

RECONSTRUCTION SOLUTIONS LLC

(Name of the Limited Liability Company) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on <u>July 20, 2018</u> and assigned
Florida document number <u>L 18000175227</u> .
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 Province of Office Address:
New Registered Office Address: Enter Florida street address
, Florida
City Zip Code
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

If Changing Registered Agent, Signature of New Registered Agent

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 **Type of Action Address** <u>Title</u> <u>Name</u> 7412 KALANI MGR MANUEL DOCK-ADO □ Remove ONLANDS FLORION 32822 1 Change □ Add ☐ Remove _□ Add ☐ Remove ☐ Change _□ Remove ☐ Change ☐ Remove

_□ Change

THE NAME	NO ADDRESS OF PSALOW (S) AUTHO	RIZED TO MANAGE
TITLE	M 6-R	
	JOSE V. ALVANEZ	
	7412 KALANI ST	
	URCAUDO FL 32822	
TITLE	: MGR	<u></u> _
	OSCAL FERMAN	
	7412 KALANI ST	
	ONCAUDO FL 32822	
	MGR	
	MANUEL DELGADO	ZG 🚂
	7412 HALAN, ST	AHD AR
	01(AUD) FC 32822	SSE SSE
		E. FL
		m -o.
on effective date is listed, the oter. If the date inserted i	date must be specific and cannot be prior to date of filing or more than this block does not meet the applicable statutory filing request the Department of State's records.	n 90 days after filing.) Pursuant to 605.020
record specifies a c The 90th day after t	elayed effective date, but not an effective time, he record is filed.	at 12:01 a.m. on the earlier o
	ST 22. 2018	
	Signature of a member y authorized representative of a m	

Page 3 of 3

Filing Fee: \$25.00