L18000175753

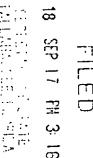
(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500318257505

09/17/18--01023--024 **25.00



COVER LETTER

то:	Registration Sec Division of Corp		* * *				
SUBJE		RUCTION BUILDING LLC					
SUBJE	.01.	Name of Lim	ited Liability Company	 -			
The end	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspon	ndence concerning this matter	to the following:				
		SALVADOR RIVERA					
			Name of Person				
		SR/CONSTRUCTION BUILDING LLC					
		Firm/Company					
		2514 N BEAUMONT AVE					
		Address					
		KISSIMMEE, FL., 34741					
		City/State and Zip Code					
		E-mail address: (to be used for future annual report notifi	cation)			
For fur	ther information co	oncerning this matter, please co	all:				
SALV.	ADOR RIVERA		704 244-1542				
	Name of	Person	at () Area Code Daytime	Telephone Number			
Enclose	ed is a check for th	e following amount:					
□ \$25	5.00 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

SR/CONSTRUCTION BUILDING LLC	
(<u>Name of the Limited Liab</u> (A Flori	oility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 07/23/2018 and assigned
Florida document number L18000175753	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
	· 6
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.C.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADI	DRESS)
	
	- 1 (1) (1) (1) (1) (1) (1) (1) (
inter new mailing address, if applicable:	7
Mailing address MAY BE A POST OFFICE BOX)	
	gistered office address on our records, enter the name of the r
egistered agent and/or the new registered office ad	idress here:
N 6N N 1	
Name of New Registered Agent:	
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 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>	<u>Name</u>	Address	Type of Action
MGR	SABAS RIVERA ALTAMIRANO	2514 N BEAUMONT AVE	
		KISSIMMEE, FL., 34741	
			Remove
			Change
		-	Remove
			Change
			Remove
			☐ Remoye
			至
			500 AGB
			□ Remove
			Change
			□ Add
		· · · · · ·	□ Remove
			Change
			□ Remove
			□ Change

	<u> </u>
	<u> </u>
	2. 0
	09/11/2018
r effecti <u>te:</u> If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlie 0 th day after the record is filed.
ed	09/11/2018 John John John John John John John John
	Signature of member or authorized representative of a member
	organization and interpretation

Page 3 of 3

Filing Fee: \$25.00