Page:

7/2/2021

07/23/2021

12:34 PM

TO:18506176383 FROM:4073703120

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002577673)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC:

Account Number : I20160000067

: (407)370-3686 Phone Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: TAXPREPARER@LARSONACC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASSER CONSTRUCTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

Page:

2 07/23/2021

12:34 PM

TO:18506176383

FROM: 4073703120

COVER LETTER

(((H21000257767 3)))

TO: Registration So Division of Con					
ASSER CO	ONSTRUCTION LLC				
SUBJECT:	Name of Limi	ted Liability Company			
	Amendment and fee(s) are submondence concerning this matter				
	CAROLINE G. LARSON				
		Name of Person			
	LARSON ACCOUNTING	GROUP			
		Firm/Company			
	7901 KINGSPOINTE PAR	KWAY SUITE 17			
		Address			
	ORLANDO, FLORIDA 32819		2021 SE SAL		
		City/State and Zip Code			- 4
	TAXPREPARER@LARSO			2021 JUL 23 867 (8) (8)	
		o be used for future annual report notific	ation)		
For further information of	concerning this matter, please ca	dl:			
ADRIANA MUNHOLI		407 370-3686		AH 10: 24	
Name o	of Person		Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate (Certified Co (additional co)	of Status &	
<u>Mailing Addres</u> Registration (Street Address: Registration Sect	ion		

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

Page: 07/23/2021 12:34 PM TO:18506176383 FROM:4073703120

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

(((H21000257767 3)))

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our real a Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability (Company were filed on 08/15/2018	and assigned
Florida document number L18000195060		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
N/A		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>er</u>	nter the name of the new regi
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street ac	ldress
		Cladda
	City	, Florida

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.

Page: 4 07/23/2021 12:34 PM TO:18506176383 FROM:4073703120

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H21000257767 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	FABIO ROGERIO CARVALHO	1407 Gulf Stream Circle Apt 301	□Add
		BRANDON, FL 33511	■Remove
			☐ Change
	***************************************		□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□ Add
			□Remove
			[] Change

N/A			
			<u> </u>
			
			_
		· · · · · · · · · · · · · · · · · · ·	
		···	
			2021
			23
			3
			0: 2 (18)
			z- -
			
	nust be specific and cannot be prior to date of		(.) Pursuant to 605,020
	block does not meet the applicable state. Department of State's records.	utory filing requirements, this date	e will not be listed:
cord specifies a delayed effec	tive date, but not an effective time, at 11	7:01 a.m. on the carlier of (b). T	ha Offith days after th
s filed.	and, and the area of the trace of the area.	2.01 a.m. on the carrier of (b)	ne zour day aner ur
June 6th	2021		
	Signature of a member or authorized rep	presentative of a member	

Page: 5. 07/23/2021 12:34 PM TO:18506176383 FROM:4073703120

(((H21000257767 3)))