LIG 000 1910 203

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
	WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	·
	J. HC	DRNE
	JAN 1	9 2024



12/27/23--01022--022 ++30.00



Office Use Only

COVER	LETTER
-------	--------

TO: Registration Section Division of Corporations

MVP COSNTRUCTION OF SWFL LLC

SUBJECT: ____

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROLISBEL HERNANDEZ

Name of Person

MVP CONSTRUCTION OF SWFL LLC

Firm/Company

1912 45TH ST SW

Address

NAPLES FL 34116

City/State and Zip Code Plumbing my Color yalio. Com E-mail address: to be used for future innual report notification)

For further information concerning this matter, please call:

ROLISBEL HERNANDEZ

Name of Person

at (<u>239)</u> 580-8173 Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

 AR]	FICLES OF	AMENDMENT	230EC 25 11 10 11 10 10 10 10 10 10 10 10 10 10 10 10 1
		0	
ART		ORGANIZATION	
)F	the the
		-	
MVP COSNTRUCTION OF SWFI	LLC		· · · · · · · · · · · · · · · · · · ·
-		any as it now appears on our re Liability Company)	ecords.)
	(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited L	iability Company	wara filed on 08/16/2018	and assigned
	abinty Company		and assigned
Florida document number L18000196203	<u> </u>		
This amendment is submitted to amend the follo	owing:		
	<u>s</u> .		
A. If amending name, enter the new name of	f the limited liał	<u>pility company here</u> :	
MVP CONSTRUCTION OF SWFL LLC			
The new name must be distinguishable and contain the w	ords "Limited Liab	ility 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 STREE			
(Principal office dadress MOST BE A STREE	<u>1 ADDRESS)</u>		
Enter new mailing address, if applicable:		N/A	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or r	registered office	address on our records, e	nter the name of the new registered
agent and/or the new registered office addres		, <u>_</u>	
Name of New Registered Agent:	N/A		
Hane of New Registered Agent.			
New Registered Office Address:			
		Enter Florida street a	ddress
			, 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
	N/A	N/A	🗆 Add
			□ Remove
	<u> </u>		🗆 Add
		· ■ 4 6 × • •	
		·	
			🗆 Change
		<u></u>	🗆 Add
			
			□Change
<u></u>	. <u></u>	· · · · · · · · · · · · · · · · · · ·	🗆 Add
			□Change
			🗖 Add
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A			
		<u> </u>	
		······································	
· · · · · · · · · · · · · · · · · · ·			
			.
	<u> </u>		
	·····		

E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	Decenter 12 . 2023	
	Att there are a second and the secon	
	Signature of a member or authorized representative of a member	
	Rolisbel Hernandez	
	Typed or printed name of signee	