

DEC/05/2018/WED 12:29 PM
12/5/2018

L18 000230341

FAX No.
Division of Corporations

P. 001/005

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CONSTRUCTION MANAGEMENT GROUP LLC

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EXAMINE

2018 DEC -5 PM 1:07

Electronic Filing Menu

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Help

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

CONSTRUCTION MANAGEMENT GROUP LLC

The articles of Organization for this Limited Liability Company were filed on September 22, 2016 and assigned

Florida document number L18000230341

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 "L.L.C."

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 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

Title	Name	Address	Type of Action
MGR	RAFAEL RAMOS	1011 SW 117TH CT	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33184	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OLGA LUCIA MEJIA AGUIRRE	1011 SW 117TH CT	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33184	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2016 DEC 5 AM 9:00
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

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OFFICE OF THE
ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

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.

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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 _____

RR

Signature of a member or authorized representative of a member

RAFAEL RAMOS

Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00

FILED

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CLERK OF STATE
TALLAHASSEE, FLORIDA