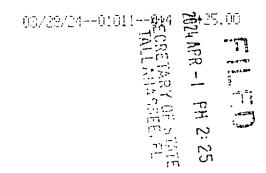
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(Requestor's Name)
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COVER LETTER

TO: Registration So Division of Co				V*
	NSTRUCTION, LLC			
SUBJECT:	Name of Lim	aited Liability Company		-
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter			
	DANIEL FELIPE			
		Name of Person		_
DADE TAX CONSULTING, LLC				2024 SE(
		Firm/Company		A APP
	240 E IST AVE STE 209			2024 APR -1 PH 2: 25 SECRETARY OF STATE TALLATA SEEL FL
		Address		- CG
	HIALEAH, FL 33010			1 2: 15 4:
	TAX@DADETAXCONSU	City/State and Zip Code LTING.COM to be used for future annual r	report notification)	
For further information of	oncerning this matter, please c	all:		
DANIEL FELIPE		786 622	2-2157	
Name o	f Person	Area Code	Daytime Telephone Numb	er
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certific losed) Certifie	Filing Fee, cate of Status & ed Copy tal copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Division	Idress: ation Section of Corporations atre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comps (A Florida Limited	ny as it now appears on our record Dability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L18000266415	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:	lity Company," the designation "LLC 240 E IST AVE	- >
Enter new principal offices address, if applicable:		- >
Enter new principal offices address, if applicable:	240 E IST AVE	- >
Enter new principal offices address, if applicable:	240 E IST AVE SUITE 209	7074 APR -1
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	240 E IST AVE SUITE 209	2024 APR -1 P
The new name must be distinguishable and contain the words "Limited Liabi 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)	240 E IST AVE SUITE 209 HIALEAH, FL 33010	2024 APR - 1

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:	DADE TAX CONSULTING	G, LLC	
New Registered Office Address:	240 E 1ST AVE STE 209		
New Registered Office Address.	Enter Florida street address		
	HIALEAH	Florida 33010	
	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.

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	QUINONES, RENE	240 E 1ST AVE STE 209. HIALEAH FL 33010	= Add
			□Remove
			□Change
MGR	BAUTISTA, ANTONIO	240 E IST AVE STE 209, HIALEAH FL 33010	≣ Add
			□Remove
			□Change
			□ Add
		TAILAH	22 Demover 1
			S □Nd S
			No. 25 □ Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
		•	□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _ (optional) E. Effective date, if other than the date of filing: (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.

Filing Fee: \$25.00