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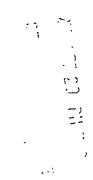
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COVER LETTER

	n of Corp			
El Subrigary	EDDY ARMAS PAZOS, LEC.			
SOBJECT:		Name of Lim	ited Liability Company	
				•
The enclosed Ar	rticles of A	Amendment and fee(s) are sub	mitted for filing.	·
Please return all	correspor	ndence concerning this matter	to the following:	
		EDDY ARMAS PAZOS		
			Name of Person	
		EDDY ARMAS PAZOS,	LLC	
		338 NE 17TH ST	Firm/Company	
			Address	*
		CAPE CORAL, FL 33909		; ;
		eddyconstruction81@gmail		
			to be used for future annual report notif	ication)
		oncerning this matter, please c		4
Eddy Armas Pa		<u> </u>	239 258-6330 at ()	
Name of Person		Area Code Daytime	Telephone. Number	
Enclosed is a ch	ieck for the	e following amount:		
■ \$25.00 Fifir	ig 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
<u>Mailin</u>	g Address	<u>:</u>	Street Address:	*
Registration Section		Registration Sec Division of Cor	•	
Division of Corporations P.O. Box 6327		The Centre of T	allahassee	
Tallahassee, F1, 32314			2415 N. Monroe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

777 29 PH EDDY ARMAS PAZOS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on November 28th, 2018 and assigned Florida document number L18000274966 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EDDY'S CONSTRUCTION SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LEC" or the abbreviation "L.E.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 ___

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 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
AMBR	Eddy Armas Pazos	338 NE 17th ST	■Add
		Cape Coral FL 33909	□Remove
			□Change
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			☐ Change
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D. If amending any other information, enter change(s	í
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot b Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re	(optional) e prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)() applicable statutory filing requirements, this date will not be listed as the cords.
If the record specifies a delayed effective date, but not an effect record is filed.	ctive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated September 18th 2021	·
Signature of a monther c	or authorized representative of a member
Eddy Armas Pazos	
Typed o	r printed name of signee

Filing Fee: \$25.00