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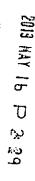
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

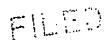
	gistration Sec ision of Corp						
eus nece.		CT& SP INVESTMENTS CONSTRUCTION .LLC					
SUBJECT:							
The enclosed	d Articles of a	Amendment and fee(s) are subt	mitted for filing.				
Please return	ı all correspo	ndence concerning this matter (to the following:				
		OSMAINY ROCHA					
		CT& SP INVESTMENTS	Name of Person CONSTRUCTION .LLC				
Firm/Company							
		7060 NW 179TH STREET #203	•				
		HIALEAH, FL 33015	Address				
		osmainyrocha1976@icloud.	City/State and Zip Code com				
			to be used for future annual report notif	leation)			
For further i	nformation co	oncerning this matter, please ea	all:				
OSMAINY	ROCHA		216 385-9494 at ()				
	Name o	f Person	Area Code Daytime	: Telephone Number			
Enclosed is	a check for th	e following amount:					
\$25.001	Filing Fee	☐ \$30.00 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, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CT& SP INVESTMENTS CONS			SUL STAN STAN	
(Name of the Lim	ited Liability Comp: (A Florida Limited	any as it now appears of Liability Company)	voue eagards)	
The Articles of Organization for this Limited Florida document number L18000290922	Liability Company	were filed on $\frac{12/19}{}$	and assigned	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	bility company here:		
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desig	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appl	icable:			
Principal office address MUST BE A STRE	EET ADDRESS)			
Enter new mailing address, if applicable:	E DAVI	7060 NW 179TH S	TREET #203	
Mailing address MAY BE A POST OFFICE	<u>e boay</u>	HIALEAH, FL 330)15	
B. If amending the registered agent an registered agent and/or the new registered Name of New Registered Agent:		<u>re</u> :	ur records, <u>enter the name of the</u>	
	7,060 NW 170T	U STREET #203		
New Registered Office Address:	7 060 NW 179TH STREET #203 Enter Florida street address			
	MIAMI		, Florida ³³¹⁷⁰	
	-	City	Zıp 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

Page 1 of 3

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>	<u>Address</u>	Type of Action
MGR	LIANET GARCIA	10795 SW 219 STREET MIAMI, FL 33170	
			■ Remove
			Change
			Add
			□ Remove
			Change
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Note: If the	date inserted in	nan the date of date must be speci in this block does on the Departme	s not mee	it the applic	able statutor	ng or more tha ry filing requ	(option 90 days after irements, this	onal) filing.) Pursuant t s date will not b	o 605.0207 (3 e listed as th
ne record	specifies a d h day after t	lelayed effec he record is	tive dat filed.	e, but no	t an effec	tive time,	at 12:01 a	i.m. on the ϵ	arlier of:
THE JULI	ىر IL 17TH	-,		2019					
APR		,	· · -		<u> </u>				
	a kh	na,	7						
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APR	g &b	nu- Signatu	re of a mer	inber or auth	orized represe	entative of a m	ember		

Page 3 of 3

Filing Fee: \$25.00