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## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:		Construction LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		David Ortiz		
		<del></del>	Name of Person	
		H&D USA Construction L	LC	
			Firm/Company	
		580 Nw 114th St		
			Address	<del></del>
		Ocala, Fl 34475		
		hdusaconstruction@gmail.ed	City/State and Zip Code om	<del></del>
		E-mail address: (t	to be used for future annual report notific	ration)
For further in	nformation co	oncerning this matter, please ca	dl:	
David Ortiz			352 5728538	
	Name of	Person	at ()	Telephone Number
			·	,
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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

iny as it now appears on our reco Liability Company)	<u>rds.</u> )
were filed on 01/10/2019	and assigned
oility company here:	
lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
4171 NW 165th Street	
Reddick, Fl 32686	FM
	م جين
4171 NW 165th Street,	<del>2</del> 8
Reddick, Fl 32686	
ffice address on our recor <u>e</u> :	ds, <u>enter the name of the</u>
	<del></del>
Enter Florida street odd	755
, City	Florida Zip Code
	lity Company," the designation "LI  4171 NW 165th Street  Reddick, F1 32686  4171 NW 165th Street,  Reddick, F1 32686  ffice address on our recore:  Enter Florida street address.

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>	<u>Address</u>	Type of Action
AMBR	Carlos Harold Garcia	580 NW 114ST OCALA, FL 34475	
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lf an effectiv <b>Note:</b> - If tl	re date is listed, the re date inserted i	han the date of file date must be specific a n this block does no on the Department o	and cannot be prior of meet the application	to date of filing or reable statutory fili	op nore than 90 days at ng requirements, t	tional) ter filing.) Pursuant to 60 his date will not be lis	5.0207 ted as
ne record The 90	l specifies a d th day after t	delayed effective the record is filed	e date, but no d.	et an effective	time, at 12:01	a.m. on the earli	ier of
	16/2019	7					
Datad 04/	/	· / / .		•			
Dated	11	11-1-1		-			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00