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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Only Otales Ziph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

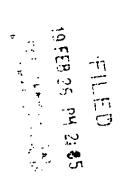
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COVER LETTER

Division of Corporations
SUBJECT: Flores Services Construction LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Juan Flores Name of Person
Flores Services Construction UC Firm/Company
5747 SW 19th Street
West Pork FL 33023 City/State and Zip Code
E-mail address: (to be used for future annual report doll fication)
For further information concerning this matter, please call:
Juan Flores at 786 267-0645 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ \$25.00 Filing Fee & Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Name of the Limited I	(V) (e) (n) truction in the company as it now appears on or conformal Limited Liability Company)	on LLC or records.)
The Articles of Organization for this Limited Liabi) Sampany nasa mas an	11 7019 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	ion "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		on on the state of
(Mailing address MAY BE A POST OFFICE BO	<u></u>	74 57
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vet 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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
M6R	Juan Flores	57475W 19th Street	▲Add
		West Pork, FL 33023	Remove
			Change
			🖸 Add
			Remove
			Change
			Add
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Page 3 of 3

Filing Fee: \$25.00