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#### **COVER LETTER**

го:	Registration Secti Division of Corpo			
SUBJE	ст:	Vaca Cychiev Name of Limit	El Construction and Liability Company	111
The enc	losed Articles of Ar	mendment and fec(s) are subr	nitted for filing.	
Please n	eturn all correspond	ence concerning this matter t	o the following:	
		Adelaj	dea Kynellas Name of Person	
			Firm/Company	
		5331 A	ipost parling so	009 N # 118
		Naples	FL 34109 City/State and Zip Code	<u>_</u>
		U-mail address: (6	ce manellos & hotmo	ation)
For furt	her information con	cerning this matter, please ca	11:	
£	Nample of P	Kavellas erson	at ( <u>\$45</u> ) <u>5982</u> Area Code Daytime T	Elephone Number
Enclose	d is a check for the	following amount:		
\$25	.00 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, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liabi	eral Construction LLC  lity Company as it now appears on our records.)  da Limited Liability Company)
(A Flori	da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on $02/14/2019$ and assigned
Florida document number <u>L 19000 456</u>	13
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lir	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office uddress MUST BE A STREET ADL	ORESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
-	
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, enter the name of the new registered
agent and/or the new registered office address here	•
N CN Designment Appear	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Aslelajda konellos	5331 Airport Pulling R	7 □ Add
		5331 Airport Pulling R Naples FL 3 4109	Tremove
			□Change
			□Add
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			□Remove
			Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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n effective te: If th	date, if other than the date of filing:	
cord spo	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	he
ed	6/29/21	
	Signature of a member or authorized representative of a member	~
	Adela des Kanallas Typed or printed name of signee	