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R. WHITE.

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: <u>lox</u>	CONSTRUCTION LUN Name of Lim	-C ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	DITI GIAZE	Name of Person	
	HOX COUSTRUC	TION UC Firm/Company	
	386 NW 171 3	S T Address	
	MIAMI FL 3	City/State and Zip Code La Service Service Com to be used for future annual report notif	
	mail@honefie	to be used for future annual report notifi	Teation)
For further information ec	oncerning this matter, please co	ill:	
Diti Glazer Name of		at (305) 761 Area Code Daytime	-OLUS e Telephone Number
Englosed is a check for th	e 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 radditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

OX CONSTRUCTION UC
(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 ______________ and assigned Florida document number <u>L1900 00 54675</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RICARDO MONTERO	7710 NW 231d ST Pembroke Pires & 33024	D Add
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effective da t <mark>e:</mark> If the d	te is listed, the da ate inserted in		c and cannot be p not meet the ap	plicable statuto	ing or more than t		l) (g.) Pursuant to 605.01 e will not be listed
		layed effective record is fil		not an effec	tive time, a	: 12:01 a.m	. on the earlier
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Typed or printed name of signee

Filing Fee: \$25.00