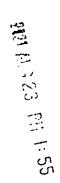
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## COVER LETTER

~	of Corporations
SUBJECT:	A PLUS CONSTRUCTION OF SW FL
	Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all co	prespondence concerning this matter to the following:
	Alfredo D. Bustos
	Firm/Company
	8245 Ivis Club DR apt 412
	City Spate and Zip Code
	City State and Zip Code  City State and Zip Code  Glevel 1586 (29 mail - 00 m)  E-mail address: (to be used for future annual report novilication)
For further inform	ation concerning this matter, please call:
G	Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
\$ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
<u>Mailing /</u> Registra	Address: Street Address: ation Section Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLE'S OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

A Plus Co.	nstruction of SWFLLIC
(Name of the Limited Liability Compar (A Florida Limited L	
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on $2/26/2019$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8245 Ivis Club DR apt 412 Napies FL. 34704
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8245 Ivis Club DR apt 412) Naples FL 34104
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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 = Manager

AMBR = Authorized Member

Title Address Type of Action Name AMBR Andres Rodniques 75 Calle Genario 

Danta Babel PR 20757 Remove □Change Andres F. Rodniques □Add \_\_\_ □Change □Remove  $\Box$ Change  $\square$ Add □Remove □Change

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cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 is filed.	a.m. on the earlier of: (b) The 90th day after t
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Filing Fee: \$25.00