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COVER LETTER

Registration Section **Division of Corporations**

	Name of Lim	ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
se return all correspo	ondence concerning this matter	to the following:	
	at () Name of Person Area Code Daytime Telephone Number k for the following amount:		
		Name of Person	, , , , , , , , , , , , , , , , , , ,
		Firm/Company	
	2099 Aaron Street		
		Address	
	Port Charlotte, FL 33952		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
further information c	oncerning this matter, please c	all:	
lin D. Rodriguez		- 4 (
Name o	f Person	Area Code Daytimo	Telephone Number
osed is a check for the	he following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

Rodriguez Construction of SW FL LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on $\frac{2/27/2019}{1}$ and assigned ida document number _____19000056802 s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: nium Homes & Construction LLC new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: iiling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered nt and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address · Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ig filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

ipany has been notified in writing of this change.

If Changing Registered Agent. Signature of New Registered Agent

moved	from our records:		
ξ = Μ BR = A ι	anager uthorized Member		
	<u>Name</u>	Address	Type of Action
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ective date is listed If the date inser	d, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 ted in this block does not meet the applicable statutory filing requirements, this date will not be listed date on the Department of State's records.	207 (. as tl
l specifies a del ed.	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Janua	ru 28 . 2021.	
	Signature of a member or authorized representative of a member	