L19000004093

(Requestor's Name)	_			
(Address)	_			
	_			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)				
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94/01/24--01021--024 **25.00

4/10/24 Rulite 2024 APR -1 pm 4: 01

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 APR -1 PM 4: 01

COMPERE CONSTRUCTION LLC

(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on o ited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Comp	oany were filed on $\frac{03/06/20}{1}$	19 and assigned	
Horida document number L19000064093			
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 designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<u> </u>	<u>. </u>	
Principal office address MUST BE A STREET ADDRES.	<u> </u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of	ice address on our record	s enter the name of the new regi	
agent and/or the new registered office address here:	ice address on our record	the mental of the mental of	
Name of New Registered Agent:			
New Registered Office Address:			
The Registered Office Page 655.	New Registered Office Address. Enter Florida street address		
		, Florida Zip Code	

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 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	Name	Address	Type of Action
MGR	FRANTZ ROBERT	1356 MANGONIA DR WEST PALM BEACH FL	334 ⊟ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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