8/9/22, 12 45 PM

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Page; 1 of 5

Fax Number : (850)617-6383

From:

Account Name : GOMES INSURANCE & ACCOUNTING CORP

Account Number : 120200000161 Phone : (954)531-1451 Fax Number : (954)697-0677

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALLIANCE DESIGN BUILD LLC

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Help

COVER LETTER

Page: 2 of 5

ALLIAN	CE DESIGN BUILD LLC			
SUBJECT:		ted Elability Company		
The enclosed Articles	of Amendment and fee(s) are subr	nitted for filing.		
Please return all corre	spondence concerning this matter t	o the following:		
	PAULO GOMES			
		Name of Person		
	GOMES INSURANCE AND ACCOUNTING CORP			
	Firm/Company			
	240 LOCK ROAD			
	and a bridge oppose of the control of the control oppose of the control oppose of the control oppose oppose of the control oppose oppos	Address		
	DEERFIELD BEACH, FL			
		City/State and Zip Code		
	BEATRIZ@GOMESINS.C E-mail address: (OM to be used for future annual report nob	heation)	
For further information	on concerning this matter, please c			
Nu	ne of Person	954 8322360 at (e Telephone Number	
tandonalis a abaak f	or the following amount:			
		555 00 Filion Fee &	○ \$60.00 Filing Fee,	
■ \$25,00 Fiting Fe	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy indditional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed	

Mailing Address: Registration Section Division of Corporations

P.Q. Box 6327 Tallahassec, 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

Page: 3 of 5

AUTIANCE DESIGN RAILD CCC		
(Name of the Limited Liability Compa (A Fiorida Limited I	ny ay it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/30/2019	and assigned
forida document number L19000117643		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Lunited Liabi	lity Company." the designation "LLC" of	is the abbreviation "L.L.C."
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)		
		no de destante de la production de la companya del la companya de
B. If amending the registered agent and/or registered office	address on our records, enter th	ie name of the new register
agent and/or the new registered office address here:	, , , , , , , , , , , , , , , , , , , ,	
agent annot the ties		
		202
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Confee Address	Enter Florida street address	FAA SSS
	DI	mara mara
	Cuv , Flor	Tida - ry Sip tode
	•	<u>ඉදු</u>
New Registered Agent's Signature, if changing Registered Agent		<u> </u>
I hereby accept the appointment as registered agent and ag	ree to act in this capacity. I furt	her agree to comply with t
provisions of all statutes relative to the proper and complet	e performance of my auties, and	(1 ат Jamuna) wun аш
success the obligations of my position as registered agent as	r provided for in Chapter 600. F	.S. Or, ij ims aocumen is -
being filed to merely reflect a change in the registered offic	e address. I hereby confirm tha	t the limited liability
company has been notified in writing of this change.		

If Changing Registered Agent, Signature of New Registered Agent

To: Sunbiz Amendment Page: 4 of 5 2022-08-10 18.06:31 GMT 19546970677 From: Paulo Gomes

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>l'itte</u>	Name	Address	Type of Action
			□Add
			TRemove
			□Add
			□Remove
			□Change
			□Add
			ПRетюче
			□Change
			□Add
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Effective date, if other than the	so date of filing	(optional)
	ust be specific and cannot be prior to date or block does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant to 605,0207 itutory filing requirements, this date will not be listed as
he record specifies a delayed effectord is filed.	tive date, but not an effective time, at	12:01 it.m. on the earlier of: (b) The 90th day after the
AUGUST 9	2022	epresentative of a member
- Ducu Signed (ay / had I	
BALMO.	2 Martin RD	

Typed or printed name of signee