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COVER LETTER

| TO: | Registration Se Division of Cor | | | ٠. |
|---------------|------------------------------------|--|---|--|
| SUBJI | | ruction LLC | | |
| 30031 | | Name of Lin | nited Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | Felipe Aguirre | | |
| | | | Name of Person | |
| | | 7050 Holly Creek Rd. | Firm/Company | |
| | | | Address | - |
| | | Mount Dora, FL. 32757 | City/State and Zip Code | |
| | | aguirref03@gmail.com | 16.6 | |
| For fur | ther information co | r:-man address: (oncerning this matter, please c | to be used for future annual report no all: | tification) |
| Felipe | Aguirre | | 321 201-9259 | |
| • | Name of | f Person | | nc Telephone Number |
| Enclose | ed is a check for th | e following amount: | | |
| ■ \$25 | 5.00 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 (additional copy is enclosed) |

MAILING ADDRESS:

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

SNF Construction, LLC.

FILED

| | (A Florida Limited Liability Company) | OMMA EEG UN 11 JA |
|--|--|---|
| The Articles of Organization for this Limited lorida document number L19000178759 | Liability Company were filed on 7/1 | 1/2019 CERRETARY OF Sharesigned |
| lorida document number L19000178759 | | TALLAHASSEE. FLORIDA |
| his amendment is submitted to amend the fo | ollowing: | |
| . If amending name, enter the new name | of the limited liability company he | <u>re</u> : |
| he new name must be distinguishable and contain the | words "Limited Liability Company," the de | esignation "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if appl | icable: | |
| Principal office address MUST BE A STRE | | |
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| nter new mailing address, if applicable: | | |
| • | E BOX) | |
| nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE | <u> </u> | |
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| Mailing address MAY BE A POST OFFICE | | our records, enter the name of the |
| • | d/or registered office address on | our records, enter the name of the |
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| Mailing address MAY BE A POST OFFICE If amending the registered agent and general agent and agent | d/or registered office address on | our records, enter the name of the |
| Mailing address MAY BE A POST OFFICE | d/or registered office address on office address here: Felipe Aguirre | our records, enter the name of the |
| Aailing address MAY BE A POST OFFICE If amending the registered agent and gistered agent and/or the new registered | d/or registered office address on office address here: Felipe Aguirre 7050 Holly Creek Rd. | |
| Mailing address MAY BE A POST OFFICE . If amending the registered agent and egistered agent and/or the new registered agent. Name of New Registered Agent: | d/or registered office address on office address here: Felipe Aguirre 7050 Holly Creek Rd. | our records, enter the name of the |
| Mailing address MAY BE A POST OFFICE . If amending the registered agent and egistered agent and/or the new registered agent. Name of New Registered Agent: | d/or registered office address on office address here: Felipe Aguirre 7050 Holly Creek Rd. | |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|---------------------------------------|----------------|
| MGR | Stephen Valle | | □ Add |
| | | 403 Maine Ave. | D Add |
| | | Apopka, FL. 32712 | ■ Remove |
| | | | Change |
| MGR | Samuel Garcia | 2720 Junior Ave. Apopka, FL. 32712 | |
| | | | □ Remove |
| | | | Change |
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| iote: | tive date, if other than the date of filing: |
| e reco | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| ated _ | · |
| | |
| | Telipe agriculta Signature of a member or authorized representative of a member |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00