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COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT:	tal Construct	ted Liability Company	LLC
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	10.50	Lanez	
		Name of Person	
	Capital Co	Firm/Company	sign 11c
		Flections Place Address	
		City/State and Zip Code	
		•	
	E-mail address: (1	o be used for future annual report notifi	reation)
For further information c	oncerning this matter, please ca	all:	
Jose	Lopez	at (813) - 598 ~ Area Code Daytime	6131
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
X \$25.00 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)
	ING ADDRESS: ration Section	STREET/COURING Registration Section	
Divisio	on of Corporations ox 6327	Division of Corpora Clifton Building	
	ox 0327 assee, FL 32314	2661 Executive Cer	nter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Capital</u> Cons	-ruction E	Design LL	2
(Name of the Limited	Liability Company as it nov Florida Limited Liability Co	<u>v appears on our records.</u>) mpany)	
The Articles of Organization for this Limited Liab	ility Company were filed	ion 8/1/19	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability comp	oany here:	
The new name must be distinguishable and contain the work	ds "Limited Liability Compan	y." the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		ress on our records, <u>ent</u>	er the name of th
Name of New Registered Agent:			
New Registered Office Address:		Inter 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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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 or removed from our records:

MGR = Manager

AMBR = **Authorized Member**

<u>Title</u>	Name	Address	Type of Action
MGR	Jose Lupez	5302 Reflections Place	Add Add
		5302 Reflections Place Ct., 106, Tamp, FL, 3363	☐ Remove
			Change
			
			Remove
		·····	Change
			🗆 Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Remove
			Change
			□ Add
			□ Remove
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00