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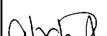
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: PR.	Con tractor Name of Line	S LLC ited Liability Company	· · · · · · · · · · · · · · · · · · ·
	amendment and fee(s) are subsidence concerning this matter	-	
		Palma Name of Person YACTOS LLC Firm-Company	
	2135 Nu	Address	
	Lapalacios E-mail address: (1)	City/State and Zip Code 645 @ G May/ Lo so be used for future annual report notif	M ication)
	ncerning this matter, please ca	all: at (<u>786)</u> <u>306 ·</u> Area Code Daytime	- F/F4 Telephone Number
Enclosed is a check for the	: following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address	

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**

PR Contractors LLC	
(Name of the Limited Liability Company as it now appears on our reco (A Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company were filed on $9-06-$	2017 and assigned
Florida document number <u>L 19 0 00 22 63 47</u> .	
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 designation "Li	LC" or 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)	
B. If amending the registered agent and/or registered office address on our records, <u>entogeneral end/or the new registered office address here:</u>	er the name of the new register
agent and/or the new registered office address nevel	٠,
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street add.	retes
	Florida
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

Thereby 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	David Zisman	2135 NW 8 Arcq	XÎAdd
			Remove
			□ Add
			∐Remove
			LJRemove
			□ Change
			□Remove
		UCI	<u></u> ∐Change
			□Add
			🗀 Remove
			□ Change
			□Remove
			∏ Chango

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n effecti ote: If t	date, if other than the date of filing: 9-17-9-09 (optional) reduce date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ted	9-17-2021
	Signature of a member or authorized representative of a member $CSCqCPC_{1}(Mq)$ Typed or printed name of signee