L19000 235413

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddiness Emily Harney
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700343845977

05/05/20--01015--011 **25.00

214 [1] 5- (97)

R WHYTE 20 2020

	CONSTRUCTION LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSE G CUESTA		
		Name of Person	
		Firm/Company	
	4921 W SAMPLE RD AP	T 113	
		Address	
	COCONUT CREEK FL 3	3073	
		City/State and Zip Code	
	kroquisconstruction@gmail E-mail address: (.com to be used for future annual rep	port notification)
For further information c	concerning this matter, please c	all:	
JOSE G CUESTA		786 290-7	097
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 1		Street Addi Rogistrati	ress: on Section
Division of C			of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION **OF**

KROQIS CONSTRUCTION LLC			4	-5 BH.	
(<u>Name of the Lim</u>	ited Liability Compa (A Florida Limited	<u>iny as it now appea</u> Liability Company)	rs on our records.)	-2 111 1 :12	
The Articles of Organization for this Limited I	_iability Company	were filed on $\frac{09}{2}$	0/18/2019 ————————————————————————————————————	and assigned	
Florida document number L19000235413	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	oility company h	<u>ere</u> :		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the	designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		4921 W SAMP	LE RD APT 113		
(Principal office address MUST BE A STREET ADDRESS)		COCONUT C	REEK FL 33073		
			<u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4921 W SAMPLE RD APT 113			
		COCONUT C	REEK FL 33073		
B. If amending the registered agent and/or agent and/or the new registered office address.	· · · · · · · · · · · · · · · · · · ·	address on our i	records, <u>enter the na</u>	ıme of the new regi	
Name of New Registered Agent:	JOSE G CUESTA				
New Registered Office Address:	4921 W SAMP	PLE RD APT 113			
		Enter Flo	rida street address		
	COCONUT CI	REEK	Florida	33073	
		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 wit 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
MGR	GLORIA E RIOS	6319 NAVAJO TER	□Add
		MARGATE FL 33063	■ Remove
			□Change
MGR	JOSE G CUESTA	4921 W SAMPLE RD APT 113	= Add
		COCONUT CREEK FL 33073	□ Remove
			Change
			□Remove
			☐ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□ Change
			□Add
			□Remove
			□Remove
		<u> </u>	□Change

If amending any other info	matton, enter change	(8) nere. (2mach ac	инновин эпесия, д	i necessary.	
		<u>-</u> -			
				-	
	<u> </u>				
					
			<u> </u>		
					
					
<u></u>					
		-			
			- <u></u> .	_	
		·			
Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the control of the co	is block does not meet th	ie applicable statutory	g or more than 90 day filing requiremen	(optional) s after filing.) Pursuant t ts, this date will not b	io 605. e liste
he record specifies a delayed efford is filed.	ective date, but not an eff	fective time, at 12:01	a.m. on the earlier	of: (b) The 90th day	z after
05/10 Dated	202	0			
	Signature of a member	Conte			
	Signature of a member	r or authorized represer	ntative of a member		_
	\	<u> </u>	h		
	Tonu	OSG Q CO	nous Tax		_

. .

CU: E 035.00