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(R	equestor's Name)	-
(A	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(B	usiness Entity Nam	e)
(De	ocument Number)	<u>.</u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

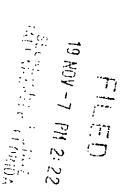




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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AR Construction of Florida LI-C Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alejandro Rangel Name of Person
522 Woodberry Rd
City/State and Zip Code Broskey 3012 @icloud. Com E-mail address? (to be used for future annual report notification)
E-mail address? (to be used for future annual report notification)
For further information concerning this matter, please call:
Alexandro Rangel at (305) 8339524 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

(A Florida I	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>UAGOOAG33</u> 9	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address.		7. <u>19</u>
Name of New Registered Agent:		<u>ā</u> ā
New Registered Office Address:		
	Enter Florida street address Florida	
	City	Typ Gode

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.

New Registered Agent's Signature, if changing Registered Agent:

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 added or removed from our records:

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Alejundro Rangel	522 Woodberry	RE Add
		522 Woodberry Quincy, FL 32351	□ Remove
			Change
			□ Add
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te: If the date inserted in t	n the date of filing: the must be specific and cannot be this block does not meet the a the Department of State's re	applicable statutory filir	ng requirements, this date w	ill not be listed a
record specifies a de The 90th day after the	layed effective date, but record is filed.	ut not an effective	time, at 12:01 a.m. o	
11/4/19 X A		or authorized representativ		PH 2:22

Page 3 of 3

Filing Fee: \$25.00