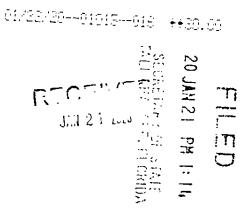
## L19000278531

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## **COVER LETTER**

Divi	ision of Co	rporations		
	AMBROG	IO & SONS CONSRTUCTION	N LLC	
SUBJECT:		Name of Lim	ited Liability Company	····
The enclosed	Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return	all corresp	ondence concerning this matter	to the following:	
		RAYMOND S AMBROG	10	
			Name of Person	
			Firm/Company	
		PO BOX 1527		
			Address	
		BOCA RATON FL 33429		
			City/State and Zip Code	
		EEIRAYMOND@GMAIL.	COM to be used for future annual report noti	fication)
For further in	nformation	concerning this matter, please ca		,
RAYMOND	S AMBRO	OGIO	631 793-1266 at () Area Code Daytim	
	Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for	the following amount:		
■ \$25.00 F	iling 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)
	iling Addre gistration		<u>Street Address:</u> Registration Se	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 11/07/2019	and assigned
Florida document number L19000278531		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
AMBROGIO & SONS CONSTRUCTION LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Sec. N
• •		0
Principal office address MUST BE A STREET ADDRESS)	-L-V-RI	<u> </u>
		<u> </u>
Inter new mailing address, if applicable:		LC" or the abbreviation "L.L.C."    Compared to the property of the new region of th
Mailing address MAY BE A POST OFFICE BOX)		95 = <b>0</b>
muning dudiess with DE A 1 051 01 FICE DOM		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	imer viorida sweet daaress	
	Flo	
	City	Zip Code

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

LANDONIO O DONO CONCRETE CELONIALE

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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			\ \ \ \ \ \ \ \
			Remove
			Change
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•					
Tective date, if other than the date of filing:	he applicable stati	filing or more than 90 utory filing requiren	(optional) days after filing.) P nents, this date wi	ursuant to 605 Il not be liste	.020 ed as
ecord specifies a delayed effective date, but not an e	ffective time, at 1.	2:01 a.m. on the ear	tier of: (b) The S	00th day after	r the
ted,		)			

Filing Fee: \$25.00